# Clinical Lecture
ON A
# SUPPURATING HYDATID CYST OF THE LIVER COMMUNICATING WITH THE LEFT LUNG.*

*Delivered at Addenbrooke's Hospital, Cambridge,*

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GENTLEMEN,—The case on which I wish this morning to make a few remarks is one of more than usual interest, and presents many most instructive features. The diagnosis made during life was that a suppurating hydatid cyst of the liver had penetrated through the diaphragm into the left lung (adhesion having previously taken place between the lung and the diaphragm), that the abscess had discharged itself into a bronchus at a particular point near the apex of the heart, and about the level of the sixth rib. This the post-mortem examination completely verified. Nor was this all. There was, as some of you heard, a loud to-and-fro sound audible for some days beneath the sternum, from the level of the upper edge of the third rib to the lower edge of the fourth, synchronous with the heart's movements and perfectly resembling a pericardial friction sound. The diagnosis arrived at, and also verified at the autopsy, was that this sound was not produced inside the pericardium, but was caused by roughness of the pleura covering that portion of the lung which overlaps the right auricle and great vessels. The following account, from the notes taken by Mr. Haslam, then acting as house-physician, gives you the history and condition of the patient on her admission.

J. P——, aged thirty-four, lately in service as a cook, was admitted into Addenbrooke's Hospital under the care of Dr. Latham Dec. 18th, 1872. Has been married nine years, had eight children, and twelve months ago miscarried. Five years before marriage she suffered from "disturbance of the liver." Says she is subject to "gravel." Has been accustomed to take brandy-and-water as a beverage, instead of beer, but never to excess.

*Present illness.*—The patient has been ailing and under medical treatment three months. She first noticed that her urine was high-coloured at times, and at others pale like water, and scalded her very much on passing it. During this period she has had pain in the right hypochondriac region, penetrating to the back, which, however, passed off for a time under treatment. Her side has been increasing in size for the last two months. For two weeks before admission into the hospital she was confined to her bed, owing to the great pain in the region of the liver and sickness. The matters vomited were black and slimy. Bowels relaxed; motions reported to have been very pale. The urine has been dark and thick. She has been feeling short of breath.

*Present state.*—The patient complains of nausea and pain in the right side, which is increased by movement or pressure. There is a little yellowness of the skin and conjunctivæ; the yellowish tinge has only been present for the last four days. The skin is somewhat dry; temperature 100·2°; pulse 120, soft; has no appetite; tongue thinly furred, whitish, inclined to be dry; motions relaxed, of a brownish-yellow colour. Urine brownish-yellow, with a heavy yellow deposit; clears up by heat; on adding nitric acid, the usual play of colours due to the presence of bile is developed. The abdomen, on examination, was found to be much distended from enlargement of the liver, the lower edge of which, on palpation and percussion, could be traced running from near the crest of the right ilium across the abdomen, a third of an inch below the umbilicus, and then upwards to the false ribs of the left side. The liver was resistant; its surface quite smooth except close to the umbilicus, where a slight unevenness could be felt. On auscultation, the heart sounds were found to be normal, and slight mucous râles were heard generally in right chest.

Now what were the points on which to form a diagnosis at this stage? We had a very much enlarged liver; there was no evidence of disease in the chest which would cause portal obstruction; the liver had a well-defined margin; and there was pain and tenderness. The disorders we had consequently to decide between were carcinoma, syphiloma, and hydatids.

Now, in the first-named disorder, carcinoma, there is usually impairment of the general health accompanying it. The patient loses flesh, has a cachectic appearance and a relaxed skin; and though these conditions may not present themselves in the earlier stages of the disorder, I have never seen them absent when the disease has been so far advanced as to produce such enlargement of the liver as existed in the present instance. Our patient had by no means a cachectic appearance; she was stout and fairly well nourished; and I therefore excluded carcinoma from consideration.

The diagnosis now lay between hydatid and syphiloma, and it was by no means easy to decide which of the two it was. Excepting the unevenness close to the umbilicus, the surface of the liver was perfectly smooth; there was no elastic protuberance, which is sometimes found in the right lobe of the organ when the enlargement is due to a hydatid cyst; on the contrary, the liver was uniformly resistant to the touch, and the percussion sound all over was absolutely dull. On the other hand, in syphiloma you get gummy tumours in the liver from the size of a hemp-seed to that of a walnut, enclosed in a dense tissue, and the covering of the liver thickened. And as, from the general symptoms and from the physical signs, the enlargement could not be due to fatty liver, amyloid degeneration, carcinoma, or to enlargement caused by disease within the chest, and as we could find no elastic hydatid swelling, my impression at first was that we had to deal with syphiloma. Some countenance also was given to this view by the facts that twelve months previously the woman had been deserted by her husband, and on three or four occasions she had suffered from sore-throat.

The diagnosis between the three disorders I have mentioned is often a matter of considerable difficulty. Niemeyer, speaking of hydatids, says: "The disease is almost always latent at the commencement; as a rule, the first symptoms appear after it has made considerable progress. Some patients have their attention called to the disease by a feeling of pressure and fulness in the right hypochondrium, or by the accidental discovery that they have a tumour in the abdomen. They have nothing else to complain of; the appetite and digestion are good; in respect of the strength and nutritive condition there is nothing to be desired; there is no jaundice or symptoms of obstruction in the roots of the portal vein. On examining the abdomen, we find in the right hypochondrium a tumour which unmistakably belongs to the liver. The liver may either retain its normal shape, or there may be slight elevations on its surface, such as occur in carcinomatous or syphilitic diseases. Even when there is extensive central suppuration the resistance of the liver tumour is usually very decided: fluctuation was only noticed in one of the cases observed by Griesinger. When the disease commences and runs its course with the above symptoms it can never be recognised with certainty, or absolutely distinguished from other diseases of the liver, particularly carcinomatous or syphilitic."*

Our doubts about the diagnosis in this case, however, were soon cleared up, as the sequel will show. On the morning of the 1st January the patient appeared very much depressed; her general condition was worse; the breathing was hurried; and she complained of sore throat, which on examination was seen to be much reddened and congested. On physical examination of the liver no change could be detected in its condition; but on auscultating the chest some important features presented themselves. *Anteriorly*—Right side: Under clavicle, good respiratory murmur; no moist sound. At second intercostal space, medium-sized crepitation, which is heard generally thence to the lower part of the lung, but at the lower part is mixed up with sounds of a finer character. Percussion-note impaired from the third rib downwards. Left side: Respiratory murmur a little exaggerated in the pectoral region. Near

*Reported from notes of the lecture taken by Mr. B. Pitts, and revised by the author.

* Practical Medicine, vol. i., p. 674; American edition, 1871.

to the sternum, on the left side at fifth intercostal space, a sound closely approaching a very slight musical murmur could be heard with the heart's systole, and there was a very peculiar click or splash with the diastolic sound. *Posteriorly*—Right side: Good respiratory murmur in upper part of lung; at base, respiratory murmur harsh, and there is a little moist sound. Left side: Good respiratory murmur at upper part of lung; just below the lower angle of the scapula this is less distinct; and at the base of the lung, over about three fingers' breadth, there is bronchial inspiration and expiration with bronchophony. Elsewhere the vocal resonance is normal. Resonance on percussion impaired from lower angle of scapula to base of lung, where it is quite dull. Palpation furnished no assistance.

The interpretation of these physical signs presented some difficulty. The peculiarity in the cardiac sounds I could not explain, and rather suspected that endocardiac mischief was being developed. There was consolidation of the base of left lung, but the bronchial breathing and bronchophony were not of that clear and distinct character which are associated with pneumonia; it was therefore assumed to be due to slight pleuritic effusion. I have some little doubt now whether at this time there was any *serous* effusion or not; whether, in fact, the pleuritic inflammation was not then confined to the surface of the diaphragm, and associated with only scanty fibrinous effusion—the dulness on percussion, the bronchial breathing and bronchophony resulting from the lower edge of the lung being pushed backwards and upwards by an abscess underneath the diaphragm. On the right side there was some secretion passing into the bronchia of the anterior portion of the lungs; and from the dulness on percussion and fine crepitant râles, it was by no means clear whether we had to do here with pulmonary hyperæmia and slight œdema resulting from the collateral pressure of the enlarged liver, or whether we had not also inflammation and thickening of the pleura. That the anterior portion of the lung should be in this condition and not the posterior, which is the more usual locality, was determined by the posture of the patient: the position which gave her least pain was when lying on her right side, or rather on her right breast. As was proved afterwards, the physical condition was the result of œdema of the lung, and the fine crepitation and dulness on percussion were due partly to inflammation of the pleura.

The next day, however, the difficulties in arriving at a clear diagnosis vanished, and the peculiar click with the diastolic sound of the heart was explained. "During the morning" (I quote from the notes again) "the patient expectorated large quantities—at least a pint altogether—of muco-purulent viscid greenish matter, of a very fetid odour. On microscopical examination, this was found to contain a large quantity of pus-corpuscles and a small quantity of yellow elastic fibre." Now the yellow elastic fibre showed pretty clearly that the lung had broken down somewhere; and the question was, where had the pus come from? On examining the liver, we found the lower edge, especially that of the left lobe, had risen considerably; and on auscultating the chest we found the following conditions. *Anteriorly*—Right side: Largish crepitation under the clavicle and generally over the lung, in the lower part mixed up with crepitation of a finer character. Resonance on percussion impaired from third rib downwards. Left side: Good respiratory murmur in upper part. About an inch and a half below and a little to the left of the nipple is a circumscribed spot, about the size of a crown-piece, where distinct bronchial inspiration and expiration are heard; but all round this spot the respiratory murmur has a vesicular character. Further to the left a fine crepitant râle (friction-sound) is heard with inspiration and expiration. Percussion-note good under clavicle; tympanitic in lower part of chest, from distended stomach. *Posteriorly*—Left side: Good respiratory murmur at upper part of lung; slight mucous râles below lower angle of scapula. At base of lung bronchial breathing and indistinct bronchophony. Percussion dull at lower part of lung. Right side: Upper part normal. An inch below the lower angle of the scapula respiration somewhat bronchial. At base of lung crepitation of a rather fine character, but no bronchial sounds. Percussion-note somewhat impaired generally. At the base of the heart a little roughness is noticed with the sounds, probably due to the condition of the pleura adjoining. At the apex the sounds are normal.

There was physical evidence, then, here of a circumscribed patch of inflammation of the lung near the apex of the heart. The pus had evidently come from the liver, had passed into the lung, and been expectorated; but it had not passed into the pleura, otherwise we must have had empyema and pneumothorax. What, then, had taken place? The peritoneal surface of the diaphragm must have become attached to the hepatic abscess or suppurating hydatid cyst, and the base of the lung adherent to the pleural surface of the diaphragm; the abscess then had ulcerated its way through this thick covering, and had then passed into the lung. The peculiar splash or click heard with the diastolic sound of the heart the day before the pus was expectorated, together with the evidence of localised inflammation of the lung near the heart's apex now existing, led to the diagnosis that this point of the lung was in communication with the hepatic abscess, and was the point where the abscess was discharging itself into the bronchial tubes.

The note of the next day is as follows:—Patient has continued to bring up small quantities of muco-purulent matter mixed with white frothy expectoration. *Anteriorly*—Left side: Respiratory murmur harsh in pectoral region, and no moist sound. In lower part of the lung there is a medium-sized crepitation to be heard; and this is most abundant where the bronchial breathing was audible yesterday, but which has now disappeared. A friction-sound is heard in the lower lateral region. Right side: Medium-sized crepitation under the clavicle, and generally in the pectoral region, more abundant in the lower part of the lung, where it is mixed up with a considerable amount of fine crepitation, probably pleuritic. Percussion-note impaired over the anterior surface generally. *Posteriorly*—Left side: Good respiratory murmur quite at the apex; at mid-scapula there is bronchial breathing audible, which is most distinct an inch above the lower angle of the scapula, and becomes less distinct towards the base of the lung. At the lower angle of the scapula there is very distinct ægophony, and at the base of the lung muffled bronchophony. Right side: Very little moist sound to be heard. In the lower half of the scapular region the breathing is somewhat tubular, and the vocal resonance is somewhat increased; elsewhere the respiratory sounds have quite a vesicular character, and the vocal resonance is normal. The heart-sounds are perfectly natural.

On the next day, Jan. 4th, we find good respiratory murmur all over the left side anteriorly. Underneath the right clavicle the respiratory murmur is somewhat bronchial, and the vocal resonance is a little increased there; otherwise the condition remains the same as on the previous day. On listening to the heart, we find the sounds at the apex normal; but underneath the sternum, opposite the third rib, a distinct to-and-fro sound is audible, and subsequently this was distinctly heard until the time of the patient's death, ten days later, underneath the sternum, from the level of the upper edge of the second rib to the edge of the fourth rib. There was very little change in the physical signs from this time: the respiratory sounds under the right clavicle and in the lower half of the right scapula lost their bronchial character and became vesicular; there was occasionally pleuritic creaking and rubbing heard in the lower part of the right side anteriorly; and at the second and third intercostal spaces, near the sternum, a distinct pleuritic friction-sound could be heard mixed up with the mucous râles as the patient breathed. Now this to-and-fro sound heard underneath the sternum was precisely of the same character as that heard in pericarditis, but it was diagnosed as being extra-pericardial on the following grounds: On listening to the left of the sternum, the heart-sounds both at the base and at the apex were perfectly clear and distinct; the precordial dulness to the left of the sternum was not at all increased in intensity or in area; there was no delirium—a symptom which is so often but by no means always associated with pericarditis; there was no marked change for the worse in the general symptoms of the patient; she was, on the contrary, improving when this friction-sound was heard; and, on the other hand, at the second and third intercostal spaces, close to the sternum, a distinct pleuritic friction-sound was heard as the patient breathed. On these grounds it was assumed that the internal surface of the pericardium was not inflamed, but that there was inflammation and roughness of the

pleural edge of the right lung, which, as you know, opposite the second intercostal space almost meets the edge of the opposite lung, the two then running parallel down to opposite the fourth rib, and overlapping the base of the heart and great vessels; and that from the action of the heart this thin, roughened edge of the lung was moved about, and so a friction-sound, exactly like a pericardial friction-sound, was produced. This diagnosis received confirmation on subsequent days by the friction-sound never extending to the left of the sternum.

On the 5th the following note is recorded:—"The patient's general condition, as indicated by the pulse, respiration, and temperature, and equally by her general appearance, has been gradually improving since the morning of the 2nd. She sleeps now very well indeed. The breathing is not embarrassed. The sputum is still somewhat fetid, but less so than on the 2nd, and in parts is clear and watery, in others frothy, containing numerous small and some larger air-bubbles with slight admixture of purulent matter. Patient lies easily on her right side; occasionally, but rarely, on her back."

After this date, however, there is a daily rise of a few fifths of a degree in the temperature, with a little increase in the frequency of the pulse and of the respirations. On the 13th the tongue, which had hitherto been moist, presented a slightly brown and dryish appearance, and, notwithstanding the free use of stimulants, signs of exhaustion presented themselves, and on the morning of the 15th she suddenly sank.

Subjoined is an account of the condition seen at the autopsy made the following day, from notes kindly taken for me by Mr. Henry Selfe Bennett:—

*Autopsy.*—On opening the thorax, the right lung was found to be generally adherent to the costal pleura, at the side and in front, from the diaphragm to within two inches of the apex; the part underneath the third, fourth, and fifth costal cartilages was free, but was roughened with gelatinous granulations; and near the edge of the lung, underneath the third costal cartilage, was a circular opaque patch of lymph about the size of a shilling. At the anterior lower and lateral portions the adhesion was tolerably strong. The base of the lung was firmly adherent to the diaphragm. The posterior part of the lung was not adherent. The base of the left lung was firmly and universally adherent to the diaphragm. In the lower antero-lateral portion there was about half a hand's breadth of the pleura adherent, the adhesion being quite recent and easily broken down. The surface of the pleura everywhere else was free. The left pleura contained a small quantity, about four ounces, of serum, but no pus. The heart was in its natural position. The pericardium contained about two ounces of clear serum. Its walls were perfectly smooth and normal in appearance. The valves of the heart were also healthy. Before removing the lungs the abdominal organs were examined. On turning back the omentum, an oval cyst, two inches by an inch and a quarter, containing pus, was found in the omental sac between the greater curvature of the stomach, the colon, and the meso-colon. The liver was very much enlarged, extending half way down between the ribs and the crest of the ilium. It was quite smooth on its anterior surface, except at one spot near the lower part of the left lobe, about the size of a shilling, which was flabby and depressed, and was the thin wall of a cavity to be presently described. The lungs, diaphragm, liver, and spleen were then removed together. Between the diaphragm, the upper and posterior portion of the left lobe of the liver, and the upper part of the spleen, was a large abscess, stretching from the margin of the left ribs to the lobulus Spigelii. It extended about an inch into the substance of the liver. Just underneath this abscess, but not communicating, was a large cyst about the size of a small orange, in the centre of the left lobe of the liver, and reaching nearly to the anterior surface, the thin flabby spot above referred to being its wall. This contained collapsed and shrivelled gelatinous hydatids, with deeply-stained *débris* of an ochre colour. This was examined afterwards under the microscope, and numerous hooklets found. Around this were six spherical abscesses, about an inch in diameter, each multilocular, and appearing as if made up of a number of suppurating spots about the size of a pea. They were, in fact, multilocular hydatid cysts. The right lobe of the liver was quite free from cysts. The spleen was much enlarged, five and a half inches by three. The capsule at its apex, w[illegible] with the abscess, was thickened and r[illegible] amining the diaphragm, it was found to h[illegible] underneath the centre of the base of the le[illegible] there was also a small opening from the absce[illegible] lung. On introducing a probe, it passed in a slanti[illegible] tion forwards to a point near the upper anterior marg[illegible] the lower lobe of the lung, and on cutting down to t[illegible] point a small cavity, about the size of a hazel-nut, was discovered, communicating with a small bronchus in which there was pus. The lung everywhere else was quite healthy. The right lung was somewhat œdematous, the upper part rather pale, the lower portion reddened and congested. Nothing abnormal was observed in the other organs of the body.

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A CONTRIBUTION TO THE

# SURGERY OF NATURAL AMPUTATION AND SPONTANEOUS FRACTURE.

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(*Continued from* p. 190.)

CASE 4.—A girl, aged about six years, was seen by me in the Killarney Workhouse when stationed at that place last year, whose leg fell off spontaneously at the upper third or thereabouts, in consequence of an attack of gangrene of the part, the result of fever. I am obliged to describe her case from memory, as the notes made by me on the spot were left for correction with a local practitioner who had seen the child at the time, and who, though frequently asked for them, has failed to return them; but the general facts can be easily recalled, and the following may be taken as substantially a correct description of her condition. About three years previously, while suffering from some form of fever, she was seized with acute pain in the left leg, which swelled greatly, and soon assumed a purplish colour—as if, indeed (to use the words of the sister in attendance), she had a red stocking on it,—and became gangrenous and offensive. Being very much enfeebled by her sufferings, as well as in consequence of an originally delicate constitution, it was not considered safe to interfere; and meantime, a line of demarcation having become established a little below the tuberosity of the tibia, the bones lost their vitality, and finally gave way during the night, and apparently without any conscious suffering or effort on the part of the child. The leg was of course found lying beside her in bed by the nurse who attended to dress her on the following morning, and there was no bleeding at any time. What remained of the skin and other structures was trimmed and brought into apposition by sutures and other suitable appliances; and the subjoined illustration—

from a photograph taken under some difficulty by a local artist—fairly represents the present appearance and outline

stump. When last seen she appeared to be in good and in a cheerful healthy frame of mind. She flinched, ever, when pressure was made on the part, and the tibia as still insufficiently covered with skin. It is not improbable that she may suffer hereafter from a painful stump or superficial neuralgia. Let us hope, however, that such may not be the case, and that with the aid of suitable apparatus she may ultimately regain the power of walking without inconvenience.

What form of fever this child had suffered from I could not ascertain; but the gangrene was doubtless due to embolism, or to some morbid condition of the blood the consequence of insufficient food or of illness; and I believe the latter was the more probable cause of the two. In this I am confirmed by the authority of Dr. Murchison, who, after describing the case of a man, aged twenty, who suffered from an attack of gangrene of the foot during an attack of relapsing fever, says: "Gangrene of the limbs is an occasional and well-known sequel of typhus and enteric fevers, and is always due to obstruction of the arterial trunks." He adds that "in the case now recorded, not only was the femoral artery obstructed, but there were appearances in the kidneys, spleen, and brain, similar to what are usually ascribed to embolism;.....there were," however, "no vegetations in the heart, and no other apparent source of embolism;" and he concludes that "the obstruction of the vessels must have been due to a morbid condition of the blood."*

*Remarks.*—That the cases so imperfectly described above admit of any other classification than that given within can, I think, scarcely be held, and the result shows how often nature, when left to herself, can dispense, and that, too, quite safely, with the aid of art. With regard to the first case, there can, I think, be no reasonable doubt that the inflammatory action which led to the entire denudation and more partial softening of the exposed femur, extended upwards into the joint, and so prepared that articulation for the change that eventuated in its release from a troublesome neighbour. I believe the records of surgery contain very few instances of like significance and import;† and if all diseased femurs could be so easily got rid of, we should hear less of the fatality of amputation of the hip-joint than we are accustomed to. *Apropos* of the pathological conditions which led to this happy result, Mr. Holmes well observes that "the earliest change in the consistence of bone produced by inflammation appears to be softening, as a consequence of the loosening and absorption of the mineral portion, and the liquefaction and conversion into fat of the organic matrix." And it must be obvious at first sight that some such process as that here indicated took place in the case under review. That the same or a similar process was at the root of some of the amputations or enucleations—whichever they may be called—which took place in the remote ages of our art is not improbable. And, if we may judge by the apparatus then in vogue, as seen in museums and in diagrams in old writers, and compare the natural with the artificial methods of amputating limbs, we will, I think, have no difficulty in arriving at the conclusion that it would be really better to leave cases of the kind here contemplated to the unaided efforts of nature rather than subject their owners to tortures compared with which the refinements of religious persecution—the boot, the thumbscrew, and the rack—were mere trifles. We have only to read the article on "Amputation" in Cooper's Dictionary for proof of this; and if we are to believe the descriptions of amputations recorded in old books, we will be forced to believe that such barbarous expedients as the ligature, Armenian bole, a red-hot knife, a single stroke with an adze or hatchet, the guillotine, &c., were appliances of almost daily resort in the hands of the older operators. But it is scarcely necessary to go into details respecting modes of treatment and courses of practice which have been long since exploded; it will be more interesting to inquire into the indications and appearances that counsel abstinence, or call for interference, in such cases as that last referred to.

And with regard to this case, and the general question of operative aid or interference in cases of senile or spontaneous gangrene, it will be seen from the statement already submitted that the limb was allowed in the last-named instance to fall off of itself, and the pathological and constitutional changes that accompany or follow the accession of senile gangrene are usually such as preclude much hope of benefit from the use of the knife. In the case of the child here referred to, I was assured by her attendants that any loss of blood, however small, might turn the scale against her, and that the slow but not altogether painless separation of the leg, in the manner already described, was about the best thing that could have happened to her. And although there is tenderness on pressure over the cicatrix, and the puckering and contraction are greater than they probably would have been after amputation, still the deformity is not much, and it is not improbable that, even putting aside the risk of hæmorrhage, she would have succumbed, in her then enfeebled state, to the shock of an operation. There is, besides, ample warrant for letting the disease take its course, and it is now, I believe, the almost uniform rule of surgery to abstain from interference in cases of senile gangrene. However that may be, there can be no question as to the expediency of regulating the stump; and I believe that a little judicious pruning and manipulation would improve the appearance and obviate the danger of neuralgic disorder or other unpleasant after-consequences in such cases as that described above. But no interference took place, and the surgeon in charge might appeal as safely to the experience of the past as to the teaching of the present for evidence in favour of his abstinence. Both these appear to recommend an appeal to *vis medicatrix*—to, in fact, a line of "masterly inactivity"; and when we consider that the cause of the mischief is often (if, indeed, it is not so always) to be sought for elsewhere than in the affected part, we will not be indisposed to agree with him, we trust such cases to the regulated efforts of nature rather than to the risky expedients of meddlesome art.

By the term "spontaneous fracture" I understand a fracture the result of a peculiar condition of a limb or its bone, in consequence of which it gives way readily without undue violence or shock, and under the influence of a stimulus which would altogether fail of affecting it so injuriously in a state of health. The causes which predispose to this complication are, of course, modified by age, temperament, and other diathetic or constitutional causes, and they are so well described by Mr. Holmes as to save me the trouble of enumerating them in minute detail here. He enumerates as causative of or conducing to this complication "senile atrophy, malignant disease, tumours of other kinds, including hydatids, the ulceration which accompanies necrosis, and, lastly, other kinds of necrosis. But, besides these, cases of spontaneous fracture occur without known cause, sometimes in making a violent muscular effort, as in throwing a stone or striking a blow; at other times in the most ordinary actions, as in turning in bed, quiet walking, &c."

As an illustration in point I might here appropriately quote the following. Mr. Sutherland Edwards, describing the efforts sometimes required by singers in order to enable them to bring out certain high notes, says:—"The celebrated tenor, Rubini, while singing in the opera of 'Il Talismano' at the great La Scala Theatre at Milan, is said to have broken his clavicle in overcoming the difficult task of rendering a fifteenth B flat. Having once failed, but cheered on to a second encounter, and determined to catch the fugitive note, which for a moment had escaped him, the singer brought all the muscular force of his immense lungs into play, struck the B flat, and threw it out among the audience with a vigour which surprised and delighted them. Meanwhile something in the mechanism of his voice had given way. He had felt the fracture at the time. He had indeed conquered the B flat, but at what an expense—that of a broken clavicle."*

When stationed at Pembroke Dock, South Wales, a man who was playing "fives" with his compeers called my attention, as I was passing the ball-court, to a pain he alleged he suddenly experienced in his right shoulder, after stretching to take a ball. On examination I found that the clavicle of the same side had given way, and he was very much surprised when I told him so, and more than disgusted at being ordered for treatment to hospital. The

* Transactions of the Pathological Society of London, vol. xxi., pp. 414-15.

† For particulars of a somewhat similar case, see Southey's "Doctor," as already quoted, p. 322.

* History of the Opera, vol. i., pp. 270-71.

fracture united in due course, but with more than usual enlargement and local deposit, and, being a man of intemperate habits and broken-down constitution, he had, I think, to be invalided soon afterwards. Again, while going my rounds one morning at the General Hospital, Dublin, I had occasion to listen to the breathing of a man, the subject of diffuse inflammation of both lungs, from which, however, he was slowly recovering, and fancying I heard a click or grating at base of left lung anteriorly, which differed as much from the "redux crepitation" of pneumonia as it did from the "liquid bubbling rhonchus" of bronchitis, I examined the surface digitally, and found, to my own surprise and his, one of his ribs broken. This he assured me he was not aware of, neither were any of the gentlemen who were previously in charge of his case, and he could only account for it by supposing that it was occasioned by a slight blow from a lump of coal which a companion had sportively "shied" at him as they were both carrying that article in the barracks. In like manner, when residing last year in the workhouse of Killarney, I was asked by the surgeon of that institution to assist him in straightening the stiffened knee-joint of a scrofulous lad. While in the act of accomplishing this, with the aid of chloroform, and using only such regulated force as the condition of the parts seemed to require, the tibia gave way just above the tuberosity, and my friend and I, thinking discretion the better part of valour, abstained from further interference. The joint was put up in the usual way, and no untoward consequences followed. Similar cases have, I dare say, occurred to others, and one would be inclined to think, in view of these and the other facts disclosed within, that there is a condition of bone not yet fully understood, which, without amounting to actual disease, renders it, through association with certain unrecognised diathetic or constitutional causes, peculiarly liable to the form of injury or fracture here contemplated.*

*(To be continued.)*

## MONTHLY PREVALENCE OF DISEASES.

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RECENTLY, while house-surgeon of the Carlisle Dispensary, my attention was attracted by the worthlessness of the usual weekly and yearly reports. Like other institutions of a similar character, it afforded space for lists of patients cured and relieved, though with regard to the out-patients, neither cure nor relief could be predicated with even an approximation to exactitude, while the yearly report of cases sent to the fever hospital, or transferred to the parish, was useless knowledge even to the subscribers. It seemed to me that a far more useful method would be to throw the report of all the cases into the form of a statistical table, showing the nature and monthly prevalence of all the cases of disease treated by the officers of the dispensary. Many advantages seemed to attend this plan, but two seemed of more especial value—(1) it would enable us to trace the rise and progress of any epidemic; and (2) it would show the influence of the seasons upon ordinary diseases. Moreover, Carlisle is an excellent field for the study of disease from a dispensary point of view, the large number of hand-loom weavers, and others of small income, causing the dispensary practice to be the largest in the town. Accordingly, I drew up a table for the year 1871, such as I have referred to, and as the same plan has been continued by my successor, a table for the year 1872 has been published and is now before me. Of course a great deal cannot be expected from two years only, but yet some facts may be mentioned showing that this method may lead to some results of value to practical medicine.

In the year 1871 I find 6 cases of whooping-cough registered, 2 of them being in December; while in 1872 there are 166 recorded, showing that in that year there had been a severe epidemic of the disease. When traced further I find that the first seven months of the year gave 4, 2, 4, 3, 4, 17, and 38 cases respectively, showing that the disease had remained in comparative abeyance till July, when it increased rapidly, and attained its acme in August; from thence it declined progressively till December, though even then it continued to be severe, the record for the last five months of the year being 27, 19, 17, 16, 15. Of the 166 cases, 24 died, a mortality of 14·5 per cent. Here, then, we have a disease which had been almost absent from Carlisle in 1871, breaking out towards the end of that year, progressing slowly for six or seven months, and then bursting into full fury towards the latter end of summer, and continuing through the autumn and winter, exhibiting in its course the progress of a rapid and destructive epidemic, quickly attaining its full maturity, and then declining speedily. Comparing now whooping-cough with scarlet fever, a remarkable difference is observable. From the end of July, 1871, to the end of 1872, a period of seventeen months, the cases of scarlet fever per month were only once less than 8, and never more than 19, showing plainly that it is more of an endemic disease than whooping-cough, which is a true epidemic disease; moreover, the cases of scarlet fever do not show anything like a fixed progression or diminution, but vary from month to month within certain limits in an unsteady manner. These facts appear to me to indicate that the poisons of the two diseases possess different properties. That of scarlet fever is of a more stable character, never totally disappearing from a congenial soil, but increasing and diminishing at certain periods in no very constant proportion; while the poison of whooping-cough, remaining latent for a long while, or perhaps disappearing altogether from a community, returns to resume an intensely destructive course for a limited period. I may add that out of 245 cases of scarlet fever during the two years there were 16 deaths, or 8·16 per cent.; while from 172 cases of whooping-cough there were 26 deaths, or 15·1 per cent., showing that the latter disease is nearly doubly more dangerous than the former.

In regard to the second point which I proposed to myself in drawing up a statistical table of the monthly prevalence of diseases, many interesting results might be mentioned, but I will confine myself to two—the influence of the seasons on bronchitis and pneumonia respectively, and on the prevalence of diarrhœa. I find, then, that within two years 835 cases of acute bronchitis are recorded, of which 293 occurred in winter, 247 in spring, 163 in summer, and 132 in autumn. This is just what one would expect, as the cold and raw weather of spring is nearly as productive of bronchitis as that of winter, while only half as many cases occur in summer and autumn; but when we come to pneumonia, we find that out of 61 cases 16 occurred in summer, and 15 in autumn, quite an average proportion. If, then, cold be an exciting cause of pneumonia, it evidently cannot act in the same way as in bronchitis, otherwise pneumonia should be more prevalent in winter than in summer. The explanation, I believe, to lie in this, that bronchitis is caused by the irritation from the coldness of what is called "the tidal air"—that part of the air which enters and leaves the lung by each respiration. The tidal air scarcely reaches the air vesicles during each respiration, or, at least, it is deprived of its chill by the time it has reached them. From this it results that while bronchitis may readily be caused by mere coldness of the weather, pneumonia is rarely so caused, but is readily produced by throwing off one's clothes in hot weather, and receiving a chill while sweating. The chill affecting the outside of the body causes derangement of the capillary circulation beneath, and consequently pneumonia is brought on while bronchitis may not be caused at all. Whether this be a true explanation or not, the fact remains, and consists with my former experience in Edinburgh, where pneumonia is quite as common in summer as in winter, if not more so.

In regard to diarrhœa, I find that out of 395 cases 46 occurred in winter, 53 in spring, 72 in summer, and 224 in autumn. This shows, I think, that what is ordinarily called summer diarrhœa ought to be called autumnal diarrhœa. To be more particular, out of the 296 cases during the summer and autumn of the two years there were 18 cases in May, 16 in June, 38 in July, 92 in August, 90 in September, and 44 in October. This shows that August and September

* For particulars "of a child born with the leg broken, by the mother's looking on a crucifix and viewing the broken limbs of one of the malefactors on the side of our Saviour," see a curious old book entitled "De Morbis Cutaneis," by Daniel Turner, p. 117, which was, by the way, recommended to me by the late Mr. Startin as a guide in the study of skin diseases.

are the two worst months in the year for diarrhœa, and that though July is bad enough, it is scarcely so bad as October, neither of them being half as bad as either August or September. Now there can be no doubt that July and August are the two hottest months of the year, the mean for these months at Carlisle for the two years 1871 and 1872 being 59·8° and 60·3° respectively, as compared with 53·5° for September and 47·7° for October. These facts seem to show that mere heat is by no means such a determining cause of diarrhœa as is generally supposed. Whether the decay of vegetable matter, which is so common in autumn, combined with decaying animal matter may be sufficient to explain the difference I will not pretend to say, though it has always appeared to me that food in any way tainted or decayed was far more provocative of diarrhœa than almost anything else, and that if heat was in any way a cause of diarrhœa at all, it was most likely from the rapid decay it induced in all kinds of food, rendering it almost impossible in hot weather to procure at all times food perfectly fresh.

I might have referred to other matters of interest brought out by the statistical table, but these are sufficient to show the importance of such tables being constructed more generally; they would thus enable us to trace the progress of epidemics from town to town, and greatly help us in elucidating the natural history of diseases.

Newcastle-on-Tyne.

## ON THE INTERNAL USE OF CHLORALUM IN CHOLERA.

BY HENRY BLANC, M.D., F.R.G.S.,
SURGEON H.M. INDIAN ARMY.

DURING the months of May, June, and July, 1872, cholera was raging all over the Mahratta country (the plateau above the Western Ghauts, Bombay Presidency), and at Sattara, where I was acting civil surgeon. I had occasion to see a few cases. We did not have many, but the cholera cannot be blamed for having treated us so leniently, and doubtless we would have numbered the victims of the epidemic by hundreds, instead of by tens, had I not been most cordially assisted by the civil officers in charge of the district. Thanks to them, the sanitary measures I recommended were carried out most vigorously, and the consequence was that cholera was stamped out before it could get a footing; moreover, we succeeded in protecting entirely the camp from its influence, although the military station is situate less than a mile from the town of Sattara. I do not intend recording here the hygienic measures which saved us from a heavy death-bill, because, if they are not more generally applied, they are, nevertheless, perfectly known. I wish merely to say a few words on the treatment

*Tabular Statement giving the Summary of Three Cases of Cholera treated by the Chloralum Mixture at the Civil Hospital of Sattara during the month of July, 1872.*

| Name. | Sex. | Age. | Caste. | Date and hour of attack. | Date and hour of admission into hospital. | Premonitory diarrhœa. | Symptoms before admission. | Symptoms on admission. | TREATMENT. | Symptoms after admission. | REMARKS. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Maina Marion | F. | 60 | Mhar | July 11, at 3 P.M. | July 11, at 6 P.M. | None ... | Whilst at work felt sick, vomited once, and was purged twice. | Deep collapse; skin cold, clammy; no pulse at the wrist; had not vomited or purged since an hour. | One ounce of the chloralum mixture every half hour. An enema, containing 12 oz. of the mixture, every hour. Chloralum to be frequently sprinkled on and around the bed. Warm clothing. Milk-and-water, with ice and pepsine: a few teaspoonfuls now and then. | Until 2 A.M. she remained in the same state of deep collapse, cold, and pulseless. About that time vomiting returned. She occasionally vomited during the 12th, and the night of the 12th to the 13th; towards the afternoon of the 12th reaction set in. No purging took place until the 13th, when a few fæcal discharges, very fetid, took place. | Discharged convalescent at the request of her relatives on July 16th. She was still weak, but otherwise doing well. She had been taking light nourishment and tonics since the 15th. No secondary fever. |
| Luximon | M. | 50 | Hindoo | July 22, at 6 A.M. | July 22, at 9 P.M. | None ... | Was seized suddenly with purging and vomiting, which recurred several times before admission. | Deep collapse; vomited shortly after admission; a few cramps in the legs. | Ditto ... ... | Remained in the same state of collapse. Scanty rice-water stools and vomiting occurred several times during the night. | Died at 6 A.M. on July 23rd. This man was brought to the hospital much against his will. He had been taking native remedies all day, and it was with difficulty that I prevailed upon him to take a dose of the mixture. He was a high-caste man, and feared that he would be defiled if he drank our medicines. Enemas were not permitted by the relatives. |
| Mahdoo Mallaura | M. | 16 | Hindoo | July 23, at 6 A.M. | July 23, at 8 A.M. | None ... | Was suddenly seized with sickness, vomited once, and was twice purged—rice-water stools—before admission. | Deep collapse; no pulse; skin cold, clammy; voiceless; occasionally cramps in the legs. | Ditto ... ... | Shortly after admission had another rice-water stool. He vomited several times during the day. At the evening visit collapse less intense; had not been purged, but had vomited several times. On the 24th reaction better marked; pulse distinctly felt; skin still cold. During that day vomited only twice; no purging; but during the night he passed some greenish fæcal matters after one of the enemas. He gradually improved. | Discharged quite well on Aug. 6th. In this case also secondary fever did not make its appearance. The recovery was in every respect a very good one. |

I adopted. The type of the disease was most virulent. Generally no premonitory symptoms, hardly any vomiting or purging; persons in perfect health, after vomiting once or twice, were at once seized with rapid and deep collapse.

I tried every possible remedy, from the orthodox cholera mixture and pills to the injection of liquor ammoniæ in the veins. The hypodermic injection of morphia, recommended by a writer in THE LANCET as having given good results at Constantinople during the epidemic that prevailed there, totally failed. Salt-and-water enemas and exhilarant stimulants were also unsuccessful.

"*En desespoir de cause,*" I thought of destroying the poison in the body itself by means of some powerful disinfectant, believing that if this were possible, we ought, in many cases apparently hopeless, to save life, and, once the cause removed, by merely directing and assisting nature obtain a good percentage of successes. I selected chloralum—the chloride of aluminium—not only on account of its freedom from smell and taste, but also because it could not, diluted with water, do harm if it did no good.

I made a mixture of one part of liquid chloralum to twenty-five of water, and directed that an ounce of the mixture be given every half hour, and that an enema, containing sixteen ounces of the mixture, be administered every hour. Undiluted chloralum was to be sprinkled frequently on and around the bed. In the two successful cases the remedy was given less and less frequently, as the reaction became more completely established.

I can only regret that I did not think of the chloralum mixture sooner, as it is difficult to judge of the value of a remedy on such a limited number of cases. Still it should be remembered that it was employed in *very desperate cases*, quite as unfavourable as those previously treated by various other means, and which had all of them ended fatally. Theoretically we have a better chance of success with an antidote than by the employment of drugs, which are directed merely against the symptoms of the disease. We know that opium and alcoholic stimulants do much harm, and as for purgatives—castor oil or calomel—they are of more use in the druggist's bottle than in the stomach of an individual rapidly sinking under the deep collapse of a severe attack of cholera. I am far from asserting that we have in chloralum "the remedy" for cholera; still, should this dreadful scourge visit the shores of England, there can be no objection, in presence of the cases here recorded, to give the remedy a fair trial.

The second case given above, and which was followed by death, should not be considered as an unsuccess. The patient refused in my presence to take any European medicine, and it was only after much coaxing that he swallowed a dose. Doubtless after my departure he was allowed by the native medical subordinates to have his own way. In order to ascertain the real value of chloralum in cholera, it should be given before other medicines have been administered. In cholera we have but too often to contend against two evils, the disease itself, and the previous indiscriminate use of a host of remedies, most of them, if not all, adding their noxious influences to the many difficulties we have already to contend with.

Rue de la Paix, Paris.

## CASES OF RINGWORM TREATED BY OLEATE OF MERCURY.

BY LEONARD CANE, M.B. & B.S. LOND.

IN introducing the use of oleate of mercury, in a clinical lecture published in THE LANCET on May 25th, 1872, Mr. Marshall mentions its applicability to certain skin diseases, and the record of the following cases of ordinary ringworm (tinea circinata) treated by oleate of mercury may be serviceable.

CASE 1.—Here there was a well-defined, slightly-raised circular patch of tinea circinata on the side of the neck, about the size of a two-shilling piece. The spot was rapidly extending itself, and its edge was marked by a circle of small vesicles, situated on a slightly inflamed base. The centre presented a "branny" appearance, owing to its being covered with fine brownish scales. These scales when treated with liquor potassæ were found under the microscope to contain numerous spores and threads of fungus.

On June 3rd a few drops (about twenty) of the oleate of mercury (10 per cent. strength) were *gently* rubbed over the spot with a piece of lint. The oleate was applied beyond the diseased patch.

On the third day the patient was again seen. The site of the patch was marked by a flat, circular, reddened spot of the same dimensions as the original. There were no vesicles, and no traces of any fungi could be found. The spot appeared to be completely cured, but as a matter of precaution it was deemed advisable to reapply the remedy. It was therefore dabbed over the surface, about five drops being used.

Since then there has been no reappearance of the disease. In this case the oleate caused no inconvenience whatever. There was no staining of the skin, no pain after application, and the cure was rapid.

CASE 2.—This was a much more severe case. The disease had been treated by various remedies—namely, by glacial and ordinary acetic acid, by iodine, &c.,—and although these had stopped its progress for a time, it had invariably broken out afresh. When first seen the disease was extending almost round the whole of the back of the neck, from the angle of the jaw on one side to that on the other. It was also spreading very fast up into the hair, and for a distance of more than an inch the hair on the back of the head was invaded by the disease. There were also isolated patches on the chin, below the angle of the mouth, and on the upper lip. There were several scars where glacial acetic acid, and I believe also strong nitric acid, had been applied, and in one place there was a troublesome sore produced by the strong acid, which was kept up by the rubbing of the collar. The disease had existed for several months, and a second case had occurred in a house where the patient had been staying whilst the patches were on his neck. The newer spots were well marked and highly characteristic, and afforded abundance of sporules, &c. The site of the older ones was reddened by inflammation, and discoloured by the application of the various remedies mentioned.

On June 16th, after cutting off as closely as possible all the short hairs, so as to remove as much of the fungus as it was possible, I applied the oleate of mercury (ten per cent.) over the whole of the affected skin, gently rubbing it in with a piece of lint. About half a drachm was used altogether. The isolated patches on the face were similarly treated. Care was also taken to rub the hair above the diseased part with the oleate. The patient was then ordered to wear a loose collar and not to wash his neck during the day. Some slight irritation followed the application, but this was trivial, and not for a moment to be compared with the pain produced by strong acids, &c. There was no staining of the skin, and, as the spots were in a prominent position on the face, this was no slight advantage.

On the 18th patient was again seen. There had been no fresh appearance of the disease, and the old spots had not extended themselves. There was still considerable redness over the old scars, and a few minute pustules produced by *rubbing* in the oleate, but there were none of the small vesicles which had been so evident on the former occasion. The oleate was reapplied over the places to ensure success.

On the tenth day after the first application the disease appeared to be completely cured. There were several pale red patches showing where it had been, whilst the spots on the face and chin had quite disappeared. The hair had begun to grow again, and showed no trace of the spores. The sore produced by the acetic acid before he came under my notice had scabbed over, and was now nearly well. A third application was made as a precaution where the hair had been affected.

When seen a short time afterwards, the skin appeared perfectly well, and there has since been no reappearance of the disease.

The advantages which oleate of mercury seems to possess over other remedies are:—

1. It is a *certain remedy* if carefully applied.
2. It *produces no staining* or injury of the skin. In cases where the disease appears on the face, it is of great importance to avoid any disfigurement or staining.
3. It is *painless* in its application. This is not the case

with the ordinary strong parasiticides, most of which produce vesication, &c.

4. It *readily penetrates* into the sebaceous glands, hair-follicles, and even into the hairs themselves, the mercury being in a state of solution in an oily medium, and it is therefore much more likely to destroy the fungus than the spirituous or aqueous solutions of mercury, &c. This penetrating power of the oleate may be increased by adding a small quantity of ether (one part to eight) to it.

In very sensitive skins the irritation sometimes produced by it may be avoided by using a weaker solution (five per cent.), and by applying it with a camel's-hair brush. In slight cases this method is all that is necessary, but where the fungus has invaded the hair it is advisable to rub in the oleate gently.

Queen-square, W.C.

## A CASE OF EXTRAVASATION OF URINE FOLLOWING AN ATTACK OF FEVER.

BY E. W. KERR, M.B., M.C. DUB.

JAMES H——, aged eight, the son of a farmer, was first seen on the 16th of June last, when he was suffering from an extravasation of urine into the cellular tissue of the penis and scrotum, accompanied with considerable distension of the glans penis, which was in a state of paraphimosis from constriction by the infiltrated prepuce. The skin of the scrotum was enormously distended, of a pale dusky-red colour, and in some places fallen into gangrene.

The general constitutional symptoms were a cold and clammy state of the surface, with marked anæmia, a furred tongue, with a weak and compressible pulse (120), and a dilated state of the pupils. Bronchitic râles were heard all over both lungs, both front and rear, and the patient was distressed with a frequent hacking cough, accompanied with but scant expectoration. The decubitus was supine, with the legs drawn up. He complained of some abdominal tenderness, but there was no tympany or diarrhœa.

The previous history of the case, as far as could be learned from the friends of the patient, was that five weeks ago he had been prostrated by some form of continued fever accompanied with a red rash (scarlatina?) which had now entirely disappeared. During this period no medical aid had been obtained or sought for. From this illness he was gradually recovering, and presented no unfavourable symptoms till two days since, when he complained of an inability to pass water and a painful sense of distension of the bladder; this latter symptom after some time abated, and soon after the distension of the scrotum was first noticed. There was no history of stricture or calculus, nor could any cause be assigned for the retention or extravasation of the urine. I should also add that he was frequently heard to grind his teeth during sleep, and was continually picking his nose, and had twice lost a considerable quantity of blood by epistaxis.

The treatment of this case consisted in at once making free incisions into the scrotum on each side of the raphe and into the penis, thereby giving exit to a considerable quantity of acrid and putrescent urine, and simultaneously relieving the distension. Several small punctures were also made into the glans. A No. 4 gum-elastic catheter was, without much difficulty, introduced into the bladder, and a small quantity of dark-coloured and fetid urine was drawn off. The catheter was allowed to remain, and a large linseed-meal poultice was applied over the parts, and the patient was ordered bark and ammonia, with brandy-and-egg mixture.

June 17th.—The catheter was this morning removed, and he could pass water freely; extensive sloughing of skin and cellular tissue had taken place, and the tunica vaginalis was in parts exposed; the constitutional symptoms unaltered.

18th to 24th.—The sloughing continued until the whole of the scrotum was removed, and the process of repair by granulations was proceeding, till, on the 24th, the patient succumbed to an exacerbation of the constitutional symptoms. Unfortunately no autopsy was allowed.

Falcarragh, Ireland.

# A Mirror
OF
# HOSPITAL PRACTICE,
## BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## UNIVERSITY COLLEGE HOSPITAL.

### ABSCESS BETWEEN THE DURA MATER AND THE SKULL, WITH PERSISTENT FEVER.

(Under the care of Dr. SYDNEY RINGER.)

THE following case presents many points of interest, as the persistent pyrexia, the blindness with the different ophthalmoscopic appearances of the two eyes, the destruction of the senses of taste and smell, the diffuse character of the pain in the head, and the flushing of one side of the face and neck.

Herbert G——, aged eleven, was admitted into the children's ward on April 16th, 1873. He enjoyed good health till two years ago, when a large abscess formed over the left collar-bone, accompanied by some necrosis, with loss of substance of the bone, and followed by a deep scar adherent to the bone. A week before Christmas he caught cold, and since then has had almost every day an "attack of heat," lasting about an hour, followed by a sensation of cold for two or three hours. During this time he never held up his head, but sat with it hung down and his eyelids partially closed, till a fortnight ago, when he accidentally discovered that he had entirely lost the sight of the right eye; and since this time he has held up his head pretty well, but has suffered from severe aching pains over this eye, especially at night.

On admission it was found that the patient was blind of the right eye, and that the sight of the left was failing. Both eyes, but especially the right, were rather prominent; and the movements of the right eye were very limited, the external rectus being especially and almost completely paralysed. The right pupil was moderately dilated, and unaffected by light. Dr. Gowers kindly made an ophthalmoscopic examination, and the following is his report:—"Right eye: Neuritis, which is apparently passing off. Area of disc occupied by a pale swelling of moderate prominence, with edges soft; nearly double diameter of normal disc. Veins rather large, but not distended; arteries of normal size. The left disc presents no evidence of neuritis, recent or present; inner half covered with normal vascular covering; outer half greyish white, having just the appearance of simple atrophy. There is no limitation of field of vision." The boy had completely lost the sense of smell.

With the exception of fever and headache, the above included all his symptoms. There was no paralysis of the remaining cranial nerves, nor of the trunk or extremities. His appetite almost to the day of his death remained good. When admitted he was well nourished, but towards the end of his illness he rapidly wasted. He never vomited, and his bowels were regular. His urine never contained albumen. During the whole course of his illness he suffered from severe, and latterly terrible, headache, situated mostly over one or both brows, but not unfrequently felt in the back of the head. It would sometimes pass from one brow to the other and then back again before the paroxysm terminated. The headache was never continuous, the paroxysms at first lasting only a few minutes, but latterly many hours. Noise and movement brought on the pain. When first admitted his mind was unaffected, but subsequently he had a good deal of delirium.

His pupils varied greatly, but generally they were widely but unequally dilated, the right never being affected by light, and afterwards the left only in a slight degree. He often flushed, but mostly over the left cheek, and at a later period a good deal over the left upper eyelid. The flush on the cheek also became more extensive, involving the ear, and latterly the skin of his whole body flushed on irritation of the skin too much, and the flush lasted too long.

No excessive or unequal perspiration of either side of the face was noted.

On April 24th the eyelids, especially the left, became slightly œdematous, and the boy complained of pain on pressure at the inner angle of the left orbit. Both eyes were rather more prominent, especially the right. On the 28th the sight of the left eye was still more impaired, and the eyelids drooped, partly from œdema and partly from paralysis. The recti muscles of the left eye were probably slightly paralysed. On April 29th Dr. Gowers, after an ophthalmoscopic examination, found no alteration since his previous report. Subsequently the eyes became still more prominent, and the œdema of the lids increased, especially of the left side, which were of a pinkish colour.

On May 7th, a distinct swelling was seen, and still more easily felt, at the inner canthus of the left eye. It was round, about half an inch in diameter, and distinctly fluctuated. This tumour during the next few days slightly increased, pushing a little outwards the left eye, and became rather painful; and on May 11th a similar tumour was discovered at the inner canthus of the right eye, the left becoming softer and less tender. On the 12th, the tumour almost disappeared from the left orbit. The sight of the left eye was very defective, the boy only seeing for a distance of about two feet. On the 16th, the tumour of the right orbit rather increased, but neither tumour, when at the largest, was more than three-quarters of an inch in diameter.

On May 20th he became delirious, and after this was frequently noisy and difficult to manage. However, the delirium at times entirely left him. Soon he became drowsy, and this increased till his death, but to the very last he could easily be roused, and would answer questions.

On May 22nd he became quite blind of the left eye; and after the 24th there was a constant twitching of both eyeballs. On this day Dr. Gowers reported as follows:—"Right optic disc much clearer than at last examination, almost free from swelling, but slightly redder than natural; edge rather blurred on inner side and below, but on outer side quite clear, and sclerotic ring distinct. No distension of vessels or venous pulsation. Left optic disc quite unchanged; still presenting a very striking contrast to the other; the inner half of healthy pinkish tint, with clear outline; the outer greyish-blue, except at periphery, where there is a broad white sclerotic ring—possibly a congenital peculiarity."

On May 28th the œdema left both eyes, and still the muscles of the left eyeball were very little paralysed. The orbital tumours were much less; that in the left could scarcely be felt. Boy asserted that all things tasted alike to him. On the 31st a slight purulent discharge ran from his nose. On June 2nd, at 2 o'clock, this became abundant, and continued till his death at 7.30 P.M. The pus was healthy and free from disagreeable odour. After death the tumours could not be felt.

During the forty-seven days that he was under observation his temperature rose daily above the limits of health. The first three or four days it only rose to 101° Fahr., but afterwards to 102° or 103°; and, although it fluctuated greatly, it never became normal at any hour of the day. During the last six days of his life the temperature fell daily, and the day before and on that of his death became natural. The temperature was taken in the rectum at 3, 7, and 11 A.M., and at 3, 7, and 11 P.M.

At the post-mortem examination an abscess, composed chiefly of inspissated cheesy pus, was discovered between the dura mater and the bone, and lying on the cribriform plate of the ethmoid bone, extending upwards about half an inch above the crista galli, and laterally for a very slight extent on the orbital plate of the frontal bone. It passed backwards over the body of the sphenoid, reaching a little way right and left of this, and enveloping in its substance the cavernous sinus, the optic and other orbital nerves of both sides. It reached backwards about an inch behind the posterior clinoid processes. The bones corresponding to the abscess were carious, and the cribriform plate of the ethmoid was so destroyed that a probe as large as a good-sized crow-quill could be passed, without any force, on each side of the crista galli down into the nose. The inflammation had extended into the dura mater, and that part covering the abscess contained in its substance small collections of matter subdivided by the fibrous structure of this membrane, and bulging on the inner surface in masses as large as a big pea, each mass looking as if composed of yellow granulations. The inflammation also extended to the surface and substance of the brain: thus the membranes at the base of the brain were much thickened, opaque but not purulent, and this thickening extended along the Sylvian fissures; whilst on the middle lobe, running up the temporal region, were yellow streaks of inflammatory matter situated along the course of the larger veins. In the anterior lobes of the brain, corresponding to the abscess, the brain was much hardened, and contained a good many firm yellow masses, about the size of large peas. The whole abscess, including the hardened portion of brain, was as large as a small hen's egg. The optic commissure was not involved in the abscess, but was obscured by the thickened membranes. The optic nerves, immediately after leaving the optic commissure, passed into the inspissated pus. The membranes covering the medulla were very little, if at all, thickened. The rest of the brain and the other organs were healthy.

## ST. BARTHOLOMEW'S HOSPITAL.

### LARGE OSTEO-SARCOMA SPRINGING FROM BENEATH THE PERIOSTEUM OF THE MIDDLE AND OUTER SIDE OF THE RIGHT FEMUR; AMPUTATION AT THE HIP-JOINT; RECOVERY.

(Under the care of Mr. SAVORY.)

A FULL and detailed description of the physical and microscopical characters of the tumour in the following case by the surgical registrar will be published in the Reports of the hospital for this year. For the following notes we are indebted to Mr. Poignand, house-surgeon.

The patient, a well-nourished but sallow-faced lad, aged thirteen, intelligent, but very excitable, was admitted on March 18th, 1873, suffering from a large ovoid tumour occupying the middle third of the right thigh, most prominent at the outer and front aspect. The growth did not implicate the skin, but was firmly adherent to the bone, and extended to within three inches of Poupart's ligament anteriorly, while posteriorly it was not so high by about two inches, and inferiorly the limb was much enlarged almost to the knee-joint. There was a sense of deep fluctuation over the tumour. The veins over the inner side of the limb were much enlarged; glands unaffected. The tumour was first noticed in April, 1872, and slowly increased at first, but has grown rapidly for some weeks past. A first cousin on the father's side died of cancer affecting both breasts.

At a consultation it was the unanimous opinion that immediate amputation at the hip-joint should be performed.

March 19th.—The bowels were freely opened yesterday, and the patient had a good breakfast this morning, and a little wine immediately before the operation, which was performed by Mr. Savory in the following manner: Lister's aorta-compressor having been applied, a free incision was made into the tumour, and a large cyst laid open, revealing an extensive new growth. Mr. Savory then proceeded to remove the limb at the hip-joint, making the anterior flap from without inwards on account of the close proximity of the tumour. There was very little hæmorrhage. Silk ligatures and silver-wire sutures were used; and the flaps, which fitted perfectly, were covered with carbolised oil-lint (1—40), and the whole with dry lint and broad bandages. The temperature was 100·4 and the pulse 120 before the operation. Two hours after the patient was put to bed he had a subcutaneous injection of the twelfth of a grain of morphia.

20th.—Patient slept tolerably well after the morphia; has made a good breakfast this morning; stump feels comfortable.—11 A.M.: Temperature 104°; pulse 144.—11 P.M.: Temperature 103·5°; pulse 128.

21st.—Slept well; wound dressed; looks well; no redness or blush; bandages unstained.

22nd.—Patient going on well; slight discharge of blood-stained serum at the angles of the wound, but the intermediate portion has united.—11 P.M.: Temperature 102°.

25th.—Complained of an uncomfortable sensation in the abdomen; bowels freely open twice.—11 P.M.: Temperature 102·1°.

26th.—Bowels again opened freely; temperature 101·5°; pulse 128. Diet changed to extras (chop, fowl, oysters, &c.) At 7 P.M. a sudden discharge of fetid pus, about half a pint, from angles of wound, occurred, by which he feels rather relieved.

27th.—Temperature 101·8°; pulse 120. Patient from this date went on uninterruptedly well, and on the 29th the discharge from the angles of the wound was healthy pus. His temperature was seldom raised above normal, and then only slightly. His pulse, which was high when admitted, was seldom under 120, and remained in the same condition on his discharge from the hospital on May 12th, having been about out of bed for a fortnight, the stump being firm and entirely healed except a small spot at outer angle.

June 14th.—No evidence of any return; doing well.

## HOTEL DIEU, PARIS.

### CASE OF EXTRA-UTERINE AND INTRA-PERITONEAL PREGNANCY, WITH A FŒTUS OF SIX WEEKS; HÆMORRHAGIC PERITONITIS; SYMPTOMS SIMULATING INTERNAL STRANGULATION COMPLICATED WITH PERITONEAL PHENOMENA.

(Under the care of Professor BÉHIER.)

THE above interesting case occurred in the wards of Professor Béhier, and was made the subject of a remarkable lecture by him, in which he pointed out the diagnostic difficulties of abdominal affections. The chief features of the case were briefly as follows:—The patient, aged thirty-three, the mother of a child four years old, had just made a long voyage, and looked weak, thin, and pale. On admittance she was anæmic, and complained of vague pains in the hypogastric region, and especially the iliac fossa and back. Some days before she had had, independently of her menstrual time, a slight flow of blood, which lasted three days; constipation for more than a week; abdomen tense, slightly painful on pressure; and an accumulation of hardened fæcal matter was discovered by digital examination. Lungs sound; heart with an anæmic souffle; no albumen in the urine. Ordered an ounce of castor oil, with a purgative enema. Several motions followed, and procured relief, but the hypogastric pain persisted.

She was considered to be cured, and was about to be dismissed, when, on November 8th (nineteen days after admittance), repeated vomiting of greenish matter supervened, with complete constipation, increased hypogastric pain and hiccough; pulse 86. Ordered, blister to the epigastrium, Seidlitz water in a ptisan, enemata with Seltzer water.

Nov. 10th.—Continued vomiting; slight mucous stools; no appetite; abdomen swollen and tender; pulse 92; temperature 98·6° F.

11th.—Intense lumbar pains; slight motion; brownish, fæcaloid vomit, without any smell.

12th.—Same symptoms. Pulse filiform; eyes sunken; intense abdominal pain; abdomen extremely tender, and slightly swollen; cramps in the hands. In consequence of the pain, and notwithstanding the constipation—both indicative of internal strangulation,—about two-thirds of a grain of muriate of morphia were injected, and procured some rest.

13th.—Persistency of yellowish vomit; no motion; abdomen puffy; manifest feeling of resistance on palpation in the right iliac and hypogastric region. At night, pulse 84, temperature 37° C. (98·6° F.) On examining the situation of the uterus with the finger, the following particulars were stated:—Cervix directed backwards; uterus immovable, and as if solidly attached by adhesions; in the posterior vaginal cul-de-sac existence of a series of hard, roundish tumours, which were taken for gatherings of fæcal matter. Seidlitz water and a purgative enema were again ordered.

14th.—Face better; abundant watery stool of a dark colour, and with a strong smell; greenish vomit; tongue dry; abdomen less painful; excessive thirst; frequent hiccough; voice weakened; pulse 80; temperature 36° C. (96·8° F.) At night, pulse 72; temperature 35° C. (95° F.)

15th.—Constant vomiting and hiccough; tongue cold; pulse 60; temperature 93·2° F.—Evening: general collapse; great thirst; involuntary micturition; no action of bowels. She died on the morning of the 16th.

The difficulties of diagnosis are shown by the above description of the case. From the beginning, Dr. Béhier and the other medical men who saw the patient believed the case to be one of peritonitis, with intestinal obstruction and arrest of fæcal matter—not a typical case, such as is described in books, but one of those undetermined instances frequently met with in practice. The constant vomiting, constipation, tenderness of abdomen, and presence of tumours in the vaginal cul-de-sac evidently pointed to that diagnosis. The relief which took place, especially after the Seidlitz and enemata, was no positive objection, as in cases of intestinal obstruction the portion of bowel below may continue to act, especially after the exciting effects of purgative injections. The mechanism of the obstruction was thought to be an old circumscribed peritonitis with peritoneal adhesions, common enough among females. The symptoms of recent peritoneal inflammation evidently existed. The pulse was not frequent, and was generally about 80 to 90. The temperature never attained 100·4 F., and the condition presented by the patient during the last three days, with considerable fall of temperature, and a filiform pulse, fitted in well with Wünderlich's observations on the collapse of fatal cases of circumscribed peritonitis.

*Results of post-mortem examination.*—Bluish-black colouring of the epilpoon and peritonitis; no smell; no putrefaction. In the small pelvis, on the left of the mesial line, there existed a brick-red clot, as large as the fist, adhering to the uterine organs, the bowels, and the abdomen. It was formed by several sheets of hæmatic false membranes, consisting of successive layers of fibrin. Several filaments of a like formation extended from the mesentery to the intestines. The large bowel and ileum were full of a pasty matter; the remainder of the small intestine contained yellowish matter, similar to that which had been vomited. Size of uterus normal; external surface pale; internal reddish. Ovaries and tubes sound. The extremity of the left ovary was hidden by the tumour, and soaked in the clot of effused blood. Nothing was discovered to account for such an abundant hæmorrhage, the clots of which filled up the small pelvis. Ligaments sound. The left tube adhered to the large clot, and disappeared in its substance. Oviduct quite healthy, and without any traces of blood. On being divided, a small sound was introduced into the portion corresponding with the tumour, and easily reached the clot constituting the tumour. A bristle introduced into the uterine portion showed that neither in the tube nor in the uterus there existed any trace of hæmorrhagic clots. The tumour was half free, and adhered posteriorly to the rectum, and inwards to the pavilion. Its form was ovoid, and its free surface constituted by stratified clots. On incising it, it showed a thick, whitish, fibrinous wall or shell, in which small cells were discovered containing soft blackish clots. In the central portion of the tumour was found a sort of pouch, with smooth, serous walls. Within the pouch was contained a reddish heap, of the size of a small nut, and looking like a clot, but on examination it turned out to be a well-developed fœtus of about six weeks. The surface of the body was smooth and well-formed; from the umbilicus took rise a small fragment of funis. The nose, mouth, and ears were quite distinct; the head was well formed. The bulb of the eyes and their bluish colour could be easily distinguished. The upper limbs were well marked, and ended in small hands with the fingers sticking together. The lower limbs were short, as if budding, and ended in palmate extremities. The search into the character of the clot was guided by Professor Béhier, who, on noticing the existence of the hæmorrhagic peritonitis, suspected the presence of a product of conception underneath.

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THE quarterly meeting of the Committee of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland was held last week. Amongst those present were—Dr. Brennan, M.D. (who was called to the chair); Dr. Ferguson, Dr. James Moore, Dr. Harkin, J.P.; Dr. M. M'Gee, Surgeon H. M. Johnston, and Dr. Stewart, hon. secretary. The total sum in subscriptions and donations forwarded by this branch to the parent society amounted to £334 14s. 11d. The very encouraging announcement was made to the meeting that Lady Johnson had forwarded, through Dr. T. H. Purdon, its permanent president, a donation of £100.

# Reviews and Notices of Books.

*Experimental Researches on the Causes and Nature of Catarrhus Æstivus (Hay-fever or Hay-asthma).* By CHARLES H. BLACKLEY, M.R.C.S. Eng. London: Baillière, Tindall, and Cox. 1873.

MR. BLACKLEY'S treatise is one of the most interesting that it has been our fortune to read. It is a piece of real honest work, original, and instructive, and will well repay perusal. The first chapter is devoted to the history of hay-fever, which was first described by Bostock in 1819. Mr. Bostock himself suffered from hay-fever, and so also does Mr. Blackley; and to that circumstance is mainly owing the appearance of his work, for the preparation of which "the annual attacks acted as a powerful stimulus." The second chapter is a review of the opinions held on the causes of hay-fever, and is interesting as an exponent of the old adage, *quot homines tot sententiæ*. In the third chapter the real work of the book begins, and the reader accompanies the author while he makes a series of experiments, chiefly upon himself, with all the alleged causes—viz.: *Benzoic acid* (as suggested by Dr. Abbotts Smith), *coumarin*, the odoriferous principle of some of the grasses, *odours* of various kinds, *ozone*, *dust*, *light and heat*, and *pollen*. The experiments with benzoic acid and coumarin were negative in their results, and those with odours almost negative, except that an atmosphere highly charged with the odour of some volatile oils, of Chamomilla matricaria, and of one of the microscopic fungi, caused unpleasant sensations of headache, but not the symptoms of hay-asthma with which our author is too well acquainted. With respect to ozone, Mr. Blackley has breathed atmospheres highly charged both artificially and naturally with this agent, which he concludes "cannot at any time bring on this curious disorder" (with him). *Dust*, being a complex material, and its composition varying at different periods of the year and in different localities, gave varying results—results depending upon the presence or absence in the dust of grains of pollen, which Mr. Blackley looks upon as the true cause, and, as far as regards himself, apparently the only cause of hay-fever.

Mr. Blackley experimented with the pollen of the grasses and thirty-five other natural orders:—

"The pollen of a number of the grasses was first tried, and in every one of these trials this gave distinct and unmistakable evidence of its power to disturb the healthy action of the respiratory mucous membrane. When a small portion of pollen, just sufficient to tinge the tip of the finger yellow, was applied to the mucous membrane of the nares, some of the symptoms of hay fever were invariably developed, the severity and continuance of which were dependent upon the quantity and upon the number of times it was used. In an experiment made with the pollen of Lolium italicum, the first sensation produced was that of a very slight degree of anæsthesia of the spot to which this had been applied. This was followed by a feeling of heat, which gradually diffused itself over the whole cavity of the nostril, and was accompanied by a slight itching of the part. After some three or four minutes a discharge of serum came on, and continued at intervals for a couple of hours. The mucous membrane appeared to swell, and eventually became so tumid that the passage of air through the nostril was very much impeded."

The pollen of Secale cereale (rye) produced very severe symptoms: coryza; occlusion of the nostril within thirty minutes; sneezing, lasting six or eight hours; and occlusion of the opposite nostril. The symptoms lasted twenty-four hours, the discharge gradually changing, as in ordinary catarrh, to a puriform mucus. The inhalation of pollen through the mouth brought on asthmatic symptoms and consequent constitutional disturbance. One drop of a 1 per cent. decoction of the pollen of Gladiolus applied to the ocular conjunctiva produced instantaneous effects, and all the symptoms of catarrhal ophthalmia—redness, smarting, photophobia, œdema, and chemosis,—which endured for thirty-two hours. An inoculation of the arm with the pollen of Lolium italicum produced an inordinate amount of pain and swelling; and a similar experiment made upon the leg over the tibia produced an œdematous tumour, four inches long, two inches wide, and raised quite three-quarters of an inch above the surface of the bone.

A series of experiments have led Mr. Blackley to the conclusion that the action of pollen is partly mechanical and partly chemical. The most severe symptoms seem to follow only upon the bursting of the external coat of the pollen grain and the escape of the granular contents. Hence it apparently results that in very dry weather it has occasionally happened that the external coats have become dried up and the granular contents have been unable to escape. *Light and heat* are, it would seem, causes of hay-fever only in so far as they have a powerful influence on the generation of pollen.

Having satisfied himself that pollen was capable of producing all the symptoms of hay-fever, Mr. Blackley next set himself to determine, by a series of experiments which form the subject of the fourth chapter, the quantity of pollen found floating in the atmosphere during the prevalence of hay-fever, and its relation to the intensity of the symptoms. The amount of pollen was estimated by exposing slips of glass coated with a mixture of water, proof-spirit, and glycerine, in which a small quantity of carbolic acid had been dissolved. Several slips were exposed together, and the amount of pollen collected was estimated by striking an average between the various slips. Two tables are given, which show at a glance, by means of a curved line, the number of pollen grains collected in twenty-four hours on one centimetre of glass, exposed in a rural and an urban situation, on every day between May 28th and August 1st, in 1866 and 1867. The rural curve reached its maximum on June 28th, on which day 880 grains of pollen were found. The urban curve reached its maximum on the same day with 105 grains of pollen. The severity of Mr. Blackley's symptoms corresponded with remarkable accuracy with the height of the pollen curve. The number of grains deposited was liable to great fluctuation, falling almost to zero during the prevalence of heavy rain, and rising almost to a maximum if the rain were followed by bright sunshine. The direction and force of the wind also had a striking influence on the amount of pollen deposit. Perhaps the most interesting part of the whole book is that section which details the experiments made by the author to determine the amount of pollen in the air at different altitudes. The experiments were conducted by means of kites, to which were attached the slips of glass so arranged, by means of an ingenious plan, that their surfaces should not be exposed to the air till a considerable altitude was reached. Mr. Blackley thus records his first experiment:—

"I fully expected that pollen would be found in the upper atmosphere, but that it would be in smaller quantity than in the lower. I found, however, in this instance, that the pollen in the upper strata was very largely in excess of that of the lower strata. The number of pollen grains obtained with the lower slide was 10; on the upper slide the number was 104. I was considerably surprised at this result, and felt sure that the slides must have been changed in some accidental way after being taken out of the instruments to be examined under the microscope."

No mistake, however, had been made, and subsequent experiments all gave a similar result—more pollen was found in the upper than in the lower regions of the air. A very interesting experiment was made at Filey, in June, 1870. A breeze from the sea had been blowing for twelve

or fifteen hours, when a kite with a glass attached was elevated to the height of 1000 feet. The glass was exposed for three hours, and when examined 80 pollen grains were found upon it, whereas a glass exposed at the margin of the water showed no pollen, nor any form of organic matter. These experiments are of great interest, as showing the immense distances which pollen and other organic particles may be wafted by a strong breeze. They supplement the experiments of Dr. Angus Smith, and if repeated may give us that information about the upper air which Carpenter and Wyville Thomson have obtained and are obtaining about the depths of the ocean.

The concluding chapters, which deal with the disease itself rather than with its causes, lack the charm of novelty which is possessed by some of their predecessors, but are nevertheless instructive and well written. With regard to treatment Mr. Blackley says little. He is still working at the subject, in the hope of finding an antidote for pollen. At present he contents himself with suggesting that sufferers from hay-asthma should remove from atmospheres rich in pollen. He does not seem to have taken the advice offered by Professor Tyndall in his lecture on "Dust and Disease"; and we should be curious to hear if any benefit results from wearing a cotton-wool or fine gauze respirator. We should also like to know to what extent the nostrils of Mr. Blackley and his fellow-sufferers are protected by the hairy filter which nature has placed at our anterior nares. Our summary of the work will give some insight into the results which Mr. Blackley has obtained; but we must add that our summary is most imperfect, and that the work itself will well repay perusal. The only drawback to the unqualified acceptation of Mr. Blackley's statements is that they have been chiefly (though not entirely) deduced from observations on himself. That he is right in his theories, as far as regards himself, there is scarcely room to doubt; and now that his work, which has been ten years in preparation, has been published, we shall soon be able to judge as to their applicability to others. In conclusion, we have only to express our thanks and offer our congratulations to the author.

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*Contrasts.* London: Strahan and Co. 1873.

THE vigorously-written book having this suggestive title is addressed to the ratepayers of London, and especially to that largest class of ratepayers whose apex is composed of the poorer professional man or city *employé* at £200 a year, and whose base is the broad *couche sociale* of struggling tradesmen and artisans whom the least mischance may convert at any moment from payers of rates to recipients of relief. By some curious process the proverbial impatience of imperial taxation coexists with the most patient submission to taxation for municipal purposes. Yet the latter is often the more onerous, certainly the more easily remedied of the two. It was a saying of the late Lord Brougham that the sick and educational endowments of the metropolis properly administered would provide for all the sick poor of London, and give a sound education to the poorer and the lower middle-class, without calling on the ratepayers for any assistance. The saying is the keynote of "Contrasts." That it is almost literally true the author endeavours to show by successively examining the three great classes of charitable endowments—the hospital, the school, and the city company. But first—though guardians of the poor, as having in the main the interests of the ratepayer at heart, are dealt with rather tenderly,—to strike out a few vivid contrasts from anomalies in the working of our Poor-law system. What says the reader to the following argument for out-door relief? Each inmate of a workhouse, adult or child, costs on the average ten shillings a week. Suppose, then, a dock labourer, at eighteen shillings a week, with a wife and four children, thrown suddenly out of work. At the first application he possibly receives a small allowance; at the second he is told that he must "come into the house." Yet were he to do so the parish would actually be spending two guineas a week more than if it paid him his full wages every Saturday till work was plentiful again. The average cost of pauper children in the district schools at Anerley, Hanley, and Plashet is £25 a head per annum; in Mr. Spurgeon's excellent Orphanage or in the Home for Destitute Boys it is only £15. "Boarded out" their maintenance would not exceed £11 or £12. Again, an artisan spends on his wife's confinement about forty shillings. The child, till it can help to support itself, adds some three shillings a week to the household expenditure. Under the new Poor-law regulations, the confinement of a female pauper will cost £3. Her offspring, if left on the parish, must be brought up at a charge of ten shillings weekly to the ratepayers—i.e., the artisan and such tradesmen who can barely spend a quarter of that sum on their own children.

But if there are anomalies and extravagance in our Poor-law administration, far more is this the case with our older charities. Let us take the hospital first. Beyond comparison, the three richest hospitals in London are Guy's, St. Thomas's, and St. Bartholomew's, and of these the latter two were originally workhouse asylums, supported by, and belonging to, the citizens of London. At the time of its purchase by the Charing-cross Railway Company, old St. Thomas's, with an income of £42,000 a year, made up 400 beds, against 200 in the Westminster Hospital, with an income of only £10,500. New St. Thomas's Hospital, it is calculated, will have been completed at a cost of something like £800 per bed, a sum which at the usual builder's estimate would have given each patient a separate room in a house in Belgrave-square; but the little hospital at Poplar, mainly supported by the engineering establishments on the Thames, cost only £30 per bed; the Guards Hospital less than £100. Apply the latter estimate to St. Thomas's, and add £50 a bed for the value of the ground, and there would be a surplus left for pauper infirmaries for 2333 patients. Nor is it clear that the results of all this costliness are proportionate to the outlay. The Poplar Hospital in 1871 had only 14 deaths among 2774 patients, and not one instance of pyæmia. Of lying-in cases, which alone admit of an exact comparison between the workhouse infirmary and the hospital, the deaths in a model hospital ward during six years averaged 1 in 23; in eleven workhouses for the same period, *nil* in 2413.

Turn now to the school. Can Christ's Hospital, St. Paul's, the Charterhouse, &c., be any longer called charitable institutions at all? Education in the splendid new schools of the Charterhouse, at Godalming, costs £95 a year. True, there are scholarships of £80, which to their fortunate holders reduce the annual charge to £15. But to gain them necessitates a preparation beyond the reach of the poorer ratepayer, and it was for him, not for the class whose elder sons go to Eton or Winchester, that these charities were originally designed. The annual income of Christ's Hospital, *plus* the value of the site, can be little short of £100,000. Now the Stationers' Schools give a first-class education for £6 a year. Add £24 annually for board and clothing, the utmost that one of the poorer middle class can pay for his own children, or than can fairly be given in a purely charitable institution, and Christ's Hospital alone could maintain all its present pupils, and the district schools of Anerley, Hanwell, and Plashet into the bargain. The house rent and establishment charges of seven of the wealthiest city companies alone amount to £164,000 a year, the in-

terest on £2,000,000. And these companies, originally trades benefit societies for men as well as masters (in the old Merchant Taylors' Company we find the "cissor" or cutter-out side by side with the merchant clothier), have long since eliminated the workman, and have now little more than a nominal connexion even with the trade they represent. Wherever, in fact, we turn we find some of these old endowments diverted to the uses of quite a different class; others eaten up by establishment charges; others again, where, though much good is done, much more could be effected by an unambitious economy. The removal of great schools to the country, and the increase in tuition fees, have closed against the householder with £200 a year endowments originally bequeathed to him. The removal of the working classes for city improvements has, in like manner, cut them off from charitable funds which are now applied to other uses. But taxation grows apace the while, and its burden presses ever more heavily on the poorer ratepayer.

## OUR LIBRARY TABLE.

*Consumption and its Treatment in all its Forms.* By Dr. CARL BOTH. Lee and Shephard, Boston and New York; Trübner and Co., London. 1873.—Having devoted his preface to the exposure of the ignorance and charlatanism of physicians in general, and laid the Boston Public Library under contribution for a series of names of those who from 460 B.C. to 1850 A.D. stumbled helplessly in scientific darkness, Dr. Carl Both condescendingly admits that the researches of Virchow needed but to be aided by "such additional discoveries as have been made by the writer" to have attained to the true and final elucidation of consumption. How anyone who had read the works of Virchow could have written the succeeding pages is inexplicable. They are clearly not intended for the profession, and if the public only give the author of the theory of "artificial calcification" credit for comprehending all that they will not be able to understand, they will believe him to be a very learned man. We regret extremely that the advice of Professor Oliver Wendell Holmes to the writer about a former treatise should not have been applied to this. "He advised me not to publish it on the ground of its making enemies, the profession here not being sufficiently advanced to understand it." No hint could have been more delicately conveyed.

*Workshop Appliances, including descriptions of the Gauging and Measuring Instruments, the Hand-cutting Tools, Lathes, Drilling, Planing, and other Machine Tools used by Engineers.* By C. P. B. SHELLEY, C.E., Honorary Fellow of, and Professor of Manufacturing Art and Machinery in, King's College, London. London: Longmans. 1873.—Let no one think a notice of a book on such subjects as are comprised in the title-page of this one out of place in a medical journal. We believe that every young man intending to become a surgeon would be greatly benefited by serving at the bench of a workshop for a short time. The neatness and dexterity of hand and accuracy of eye which an operative surgeon should possess are no doubt gifts of nature, but where they do not exist they may be acquired, and improved where they do. Mr. Shelley's is a good practical book, well illustrated, and likely to afford useful hints in many ways to surgeons and amateur carpenters, as well as to those artisans and students for whom it is more particularly intended.

*Alpine Guides.* By JOHN BALL, F.R.S., M.R.I.A., F.L.S., &c. Longmans, Green, and Co. 1873.—At this season people are starting for the several playgrounds of Europe, and many a physician and patient are making their holiday in Switzerland. To all such we can honestly say that Ball's Alpine Guides are simply invaluable. Their author was a late president of the Alpine Club, and we can speak from the recollections of many a tour and from personal knowledge of a great many of the routes, as to the accuracy and extreme utility of the information brought together in this series of small and very portable volumes. The maps are excellent and the information is well arranged and of the best. Turning over the pages of one of these volumes which describe routes well known to us, we were enabled, by an effort of the imagination, to bring Switzerland into Hyde-park; and by the time this notice appears we hope to have some of the series in our knapsack for reference during our holiday amid Alpine scenery.

## THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

### CONFERENCE OF MEDICAL OFFICERS OF HEALTH.

A conference of Medical Officers of Health was held in the large hall, King's College, on Thursday afternoon, the 7th inst.

The chair was taken by Mr. ERNEST HART, who, after some preliminary remarks, said he was bound to confess that the mode in which the Public Health Act had been carried out had inspired them with the most serious apprehensions, and had, so far as their information extended, led to consequences in which evil was so largely mingled with good that it behoved them to ascertain exactly what was the working of the Act, and whether some remedy could be applied to those evils. It was natural to suppose that, in managing what had become a health department of the Local Government Board, its own health officers would have been consulted. It was publicly known that that had not been the case, and it was essential that it should be understood that, in what they had to say in objection to what had been done, they did not desire to involve in any censure the medical advisers of the Government, for the reason that they were in truth wholly innocent of the errors that had been committed, and that an attempt had been made to establish at Gwydyr House a health department dealing with great principles of public medicine, with great questions of sanitary science, from which all those persons who had any previous knowledge, any previous experience of the subject, had been carefully excluded. From what motive he neither knew nor was he concerned to know; but the fact remained that an attempt had been made to establish on *dilettante* principles, and by spontaneous and heaven-born intelligence, a measure which, above all, required the most careful deliberation, the largest experience, and the most minute knowledge. They had seen, in spite of remonstrance, in spite of warnings, those very inspectors selected whose ignorance of all that related to public medicine was avowed and had been proved, and sent out broadcast over the country to experiment according to their own unassisted intelligence. Of course he did not imply that they are not men of great intelligence, and possibly, in various departments, of great acquirements; but the Board had sent them, knowing that they had neither knowledge, nor experience, nor reading, nor instruction in sanitary administration to guide them; and it had entrusted to them the task of organising a health administration throughout the country. They had seen at the outset Mr. Doyle, one of the ablest of the inspectors of the Local Government Board, proceed to organise one great division of this kingdom. He had shown so much ability in his work that he had since, in part, retrieved his earlier blunders, and had, with great intelligence, retraced some of his false steps; in other words, he had learned to shave upon the Local Board, and had managed to bleed his patient without considerably injuring his own reputation. Mr. Hart criticised at length the proceedings of Mr. Doyle, and referred to the course adopted by Mr. Corbett at Macclesfield in advising the Local Board on the subject of the suppression of an outbreak of scarlet fever. He continued: "At present, then, the whole of the medical officers now appointed are subject to the inspection, to the interference, to the judgment, and to the guidance of men who in truth

know nothing of the work which they are set to inspect, or at least know no more than the guardians whom they are to advise, and not so much as the medical officers whom in cases of necessity they are to control. They know nothing of the difficulties which beset a medical officer in the discharge of his duties; they cannot judge of the propriety or impropriety of the steps which he may feel it necessary to urge upon his Board to take in periods of emergency; nor are they qualified by any knowledge of their own to test his recommendations, nor by any arguments of their own to assist him, or to assist him in informing his Board, or to assist the Board in arriving at decisions where they are either unwilling to act or doubtful how to act." He then alluded to the state of the metropolitan district schools and the prevalence of ophthalmia among them, as an illustration of the evils of the present system, and concluded as follows:—"Let this lesson be taken to heart. It was not a want of natural intelligence, it was not a want of industry, it was not a want of humanity which allowed Mr. Farnall to see the cruelties and the faults of the workhouse infirmary system in London grow up unnoticed under his eyes; it was not any defect in personal qualities which made Mr. Horley indirectly guilty and responsible for the incidents in the drama unrolled at the inquiry into the Farnham medical inquiry: it was a want of technical knowledge. With that lesson before their eyes, it is strange indeed that the Local Government Board, seeing their inspectors driven from a position in which want of technical information had disgraced them and the Government in the eyes of the nation, should now have thrust them into positions in which they bring a want of special information to a task which demands it in a much higher degree. To me it is not surprising that they should only have succeeded in producing a scheme which is chiefly remarkable for its entire absence of coherence, of order, or of possible persistence. It is not possible in my view that medical officers over large districts should carry on their duties satisfactorily—over one thousand square miles of country—without the assistance of local medical officers of health, without the power of reference to a consolidated local authority, and without the intervention of, and the power of appeal to, an intelligent and technically instructed Government officer intervening between them, the Local Board, and the Local Government Board. Seeing the difficulties under which medical officers of health are placed under the present scheme, and seeing the want under which they must labour of reference to a collective medical experience and administrative capacity, it seemed peculiarly desirable that the opportunity which has now occurred should be used of affording those who are this week present in London the means of conferring upon their duties and position. It seemed at the same time most desirable to establish a means of communication between them so as to enable us, acting for the British Medical Association, to gather their views and to act in concert with them in those further measures which it will be our duty to take in connexion with any legislative measures which may be introduced in the next session of Parliament."

Mr. DYKE, of Merthyr Tydvil, said that last year, as President of the South Wales Branch, he read a paper which attracted the attention of Mr. Doyle, and he subsequently had several conversations with that gentleman, in which he laid before him the views of the Association with regard to the arrangements necessary to secure the efficient working of the sanitary law. Mr. Doyle felt convinced not only of the practicability of the scheme referred to by Mr. Hart, but of its extreme usefulness, and that it would tend to the perfect working of the law. At certain meetings of the medical profession held last February, Mr. Doyle submitted a plan for appointing union medical officers of health in rural districts, in which the gentlemen present fully concurred. In a large majority of cases the unions adopted the plan, but only temporarily. Inspectors of nuisances were also appointed, and it was Mr. Doyle's desire that those inspectors should be subordinate to the district union medical officers. Direct information as to the sanitary condition both of North and South Wales was thus obtained, and reports were sent in which were now in the possession of the Government. At subsequent meetings of county authorities Mr. Doyle recommended the appointment of a consultative inspecting officer, to be selected by delegates from the various boards. The scheme promised well at first, but it was ultimately found impossible to get the unions to agree in the selection of such an officer. A willingness was, however, expressed to consent to the appointment by the Government of a consultative officer; but though Mr. Doyle would have gladly approved of such a course, the Government had not the power to carry it out. Two of the four districts had agreed to appoint a consultative inspector amenable to the Union and to the Central Medical Department of the Poor-law Board.

Dr. BOND, of Gloucester, expressed approval of a great part of Mr. Hart's address, as it accurately laid down the principles which the Government ought to act upon in proposing a scheme of sanitary organisation, if there had been no difficulties in the way. The Chairman had, however, regarded the matter rather as a medical man than as a politician, for a knowledge acquired lately of the scandals existing in the Government itself was scarcely required to prove that great difficulties existed to prevent the practical carrying out of that which might be considered theoretically right. An organisation might easily be provided, but then payment of expenses had also to be looked after, and though the principles advocated by Mr. Hart might have appeared correct in theory, Mr. Stansfeld might have found practical difficulties of a pecuniary kind in carrying them out. He had been surprised to hear that medical officers of health were ever under the supervision of the lay inspectors of the Local Government Board, for his experience had been totally different, and he could scarcely understand how such a state of things could arise. He always believed that his own reports went direct to the medical officer of the Local Government Board; and if ever he was brought into collision with a lay inspector on a question involving medical knowledge, he should be prepared to resign. The subordination of the medical officer to a lay inspector could never occur where the medical officer was competent to the performance of his duties. In his relation with the inspectors of nuisances he had found that they sometimes made reports of a sanitary nature upon the condition of the population, and at other times they recommended rather extensive structural alterations. In the former case he had informed them that it was not their duty to present such reports, and in the latter case he had strongly urged the authorities not to sanction any structural changes until a thorough survey had been made, and his remonstrances had always been taken in good part. In order to have the opportunity of expressing approval or disapproval of the actions of the inspector of nuisances, he had provided new forms both for the record of nuisances and for the sanitary survey, and the authorities in his district had not objected to the adoption of those forms. He had been in the habit of receiving the returns from the registrars, and had never before heard that there was any difficulty about the paying for them. He had arranged with all his inspectors of nuisances that they should send in reports of sickness, founded on information obtained from any sources. The more experience he had in the practical work of his district, the greater difficulty he found in theoretically assigning any definite work to the district medical officer except the supply of information, and if the functions of that officer were to be still further limited, it would be difficult to convince either the central or the local government that a large remuneration was deserved. The inspector of nuisances was the person to give information with respect to nuisances, and the central medical officer ought to be able to co-ordinate all the information which was derived from different parts of the district, and to give advice, and when those two elements were abstracted from sanitary work what was there left? It was the duty of the central medical officer to see that the inspectors did their duty. It was most important to settle, first of all, what area one man could effectively supervise.

The CHAIRMAN said his idea of the work of the union medical officer was this: In the first place, his registration of disease would constitute the first element for the sanitary work of the district; then he would have authority to take such steps as sending some to the workhouse, others to the hospitals. He was supposed to supervise an area of 1000 miles, and unless there were local medical officers there would be no means of checking epidemics.

Dr. BOND said the question of overcrowding might also very properly be left to the district medical officer.

Dr. TRIPE moved, "That this meeting expresses its

approval of the suggestions of Mr. Hart, and desires to see medical inspectors of the Local Government Board employed in place of lay inspectors, to inspect the work of medical officers, and to advise and assist them; and that it considers the great variety of schemes adopted by Government inspectors injurious, and some of them impossible." Being a metropolitan medical officer of health, he was, he said, in no way connected with the Poor-law Board, or under their authority or direction, except at a time of epidemics, when they had power to issue certain orders; but he felt it was almost an infamous, at least an unheard-of thing, that lay inspectors should be appointed to superintend the work of men who possessed medical knowledge and skill. Such a state of things was really an insult to the profession. Some misunderstanding appeared to exist about the relative positions of the medical officer of health and the inspector of nuisances. The latter officer was appointed under an Act of Parliament to perform certain duties, but in his own case he had taken care to obtain such a supervision over the inspector that he could suspend him at any time if he did not do his work properly. It was arranged before appointment that, notwithstanding anything contained in the Act of Parliament, the inspector should be under his control and direction in everything. A medical officer of health should always try to indoctrinate the authorities with the notion that he was chief in all sanitary matters, and if works were not carried out as he wished, he should endeavour to act upon the Board by means of the press or in any other way. He could not see the use of lay inspectors if the medical officer was well informed and active, but it was necessary to have medical inspectors with supreme power to order the local board to carry out what they considered requisite; and if those orders were not obeyed the Local Government Board should carry them out themselves. It was a disgraceful thing to have more than one sanitary scheme in the country. Each metropolitan board having its own particular powers was one of the great drawbacks and hindrances to the sanitary arrangements of London. The result of these separate powers was shown in Hackney and Bethnal-green, two adjoining parishes. In Hackney the sleeping-room for each adult was required to be not less than 350 cubic feet, while in Bethnal-green only 300 cubic feet were considered necessary, so that, as a house was sometimes partly in one parish and partly in the other, it was quite possible that two bedrooms close together might be measured according to different standards. No improvement in such a state of things could ever be effected until one head officer was appointed, to whom all such matters as these might be referred, while only one authority existed to enforce his decisions.

Mr. VERNON, of Southport, in seconding the motion, said he agreed with the greater part of the observations which had been addressed to the meeting by the chairman; but it appeared to him that the organisation of sanitary districts, according to the scheme recommended by Mr. Hart, might not be capable of practical operation at all times and in all places. It might prove an admirable arrangement for rural districts and mixed districts composed of a number of small boroughs and rural populations; but he did not think it would answer in a large city, where the circumstances were altogether different.

The CHAIRMAN said it was not proposed to apply it to large cities.

Mr. VERNON said the main blot in the Act of last year appeared to him to have escaped observation, and not to have been touched upon at all—namely, that the appointments were in some cases to be made with the concurrence or approval of the Local Government Board, the districts receiving Government aid; while in other cases they were made by the districts themselves, without any interference or participation on the part of the Local Government Board. The authorities in his district were keenly alive to the necessity of doing all they could to improve the sanitary condition of the place, and they even went beyond what was absolutely required, in order that they might present the appearance of a model borough. In many localities, however, the medical officer could not properly discharge his duties without the moral support which was derived from holding his office *quamdiu se bene gesserit*, so that he could not be removed without the concurrence of the Local Government Board. He considered that all such appointments should be made subject to the approval of the Local Government Board, and that the sanction of the Board should be necessary before any officer could be dismissed. The relative positions of inspectors of nuisances and medical officers of health might safely be left to the natural influence of superior education and intelligence over inferior.

Mr. LIDDLE said the local authorities ought not to have the power of altering the salaries of the medical officers, except with the consent of the central authority.

Mr. E. CHADWICK said the dissonance of administrative principle that prevailed in different parts of the country was such a grave fault that it ought to be made known to a committee of the House of Commons, because it implied entire ignorance of administrative principle and capacity on the part of the central authority which permitted it. When Mr. Stansfeld said that he would not interfere with local authorities, it was a case of half or less than half knowledge deferring to entire ignorance, and was a great dereliction of public principle and duty. In many districts large sums of money had been expended on sanitary works, which had either not affected the death-rate at all or even tended to augment it; and it was a default on the part of the Sanitary Commission that such previous outlays had not been inquired into. Such inquiry, he had been told, was at first intended, but the Treasury raised an objection to it on the ground of the expense. The authorities were not justified in spending any more money on sanitary works in such places until they had first ascertained the causes of the failure of the previous outlay.

The resolution was carried *nem. con.*

The next resolution was proposed by Mr. DYKE,—"That the branches of the British Medical Association be requested to arrange for the establishment of health sections of the branches in the interests of the medical officers of health."

The motion was seconded by Dr. FARR, who said there was really no difficulty in obtaining the returns of deaths from the registrars, and the Local Government Board had urged the various sanitary authorities to pay for such returns.

Dr. THURSFIELD said he had experienced great difficulty in persuading the sanitary authorities in his district to arrange for the supply of the returns from the district registrars, the information so obtained being, of course, most essential to the efficient discharge of his duties; but, to his great surprise and disappointment, last week a letter was received from the secretary of the Local Government Board, which stated distinctly that the Board had no power to sanction any payment to the registrars for supplying the returns.

Dr. FARR: What rate of pay did you propose?

Dr. THURSFIELD said originally it was fixed at one penny per entry, but, in accordance with the provisions of the last Bill before Parliament, it had been increased to twopence per entry.

Dr. FARR expressed the willingness of the Registrar-General's department to assist medical officers of health in obtaining the returns they required, but of course the registrars could not be expected to supply them unless they received some remuneration for doing so.

Dr. GRIFFITHS, of Sheffield, said he received the statistics of the births and deaths in his district every week, and of course they were paid for.

The CHAIRMAN said it was not necessary to have the authority of the Local Government Board for such payments in Sheffield, though it was necessary in rural districts.

Dr. SAUNDERS, of Hertfordshire, said he had for some time been trying to persuade the authorities in his district to pay for returns from registrars of deaths, and from the Poor-law medical officers, and he had only just succeeded in obtaining their acquiescence. It was, therefore, peculiarly annoying to him to hear that there was a risk of having the cost of such returns struck out from the estimates when submitted to the Local Government Board.

Dr. ROBINSON, of East Kent, was of opinion that there must be some mistake or misunderstanding in the letter referred to by Dr. Thursfield as having been received from the Secretary of the Local Government Board, because one of the regulations issued by the Board required that the medical officer of health should make returns to the Board quarterly, and also returns of sickness where he was able to do so. He himself had never experienced any difficulty in obtaining the sanction of any of his boards to the payment

for such returns. Some of the registrars had, however, shown somewhat of an indisposition to supply them regularly, and stated that they were not compelled to do so by any Act of Parliament.

Dr. FARR said it was quite possible that the Local Government Board might have no power to sanction the expenditure, but in practice a great number of medical officers did get the returns which they required.

Dr. C. FOX, of East Essex, said that in his district ague was extremely prevalent, but it would be impossible for him to know the localities principally affected unless he had the returns of sickness from the union medical officers.

Dr. M'CORMACK, of Southampton, said it was the early information afforded by the returns which enabled him to meet, and effectually check, the cholera of 1866. In all new Acts of Parliament it would be important to bring prominently before the Government the necessity of placing the office of superintendents of registrars under the control of the health officers, so that the registration of births and deaths might become part and parcel of the health officer's department.

Dr. ROSS, of St. Giles, regretted that no legal means existed of obtaining returns. The plan he adopted on the slightest suspicion of disease occurring was to obtain from the medical officers of the union all the information possible, and to send the inspectors to the medical dispensaries and several private medical men, so that he might know as much as possible about it. It was, however, an injustice not to give any remuneration to those who supplied the information, and parliamentary sanction ought to be given to expenditure for such a purpose.

The motion was agreed to, as was also a vote of thanks to the Chairman, after which the meeting separated.

### THE DINNER.

On Thursday evening the dinner of the Association took place in the fine hall of Lincoln's-inn, which had been placed at the disposal of the Council by the courtesy of the benchers. Sir William Fergusson discharged in a most able manner the duties of chairman, and was supported on either side by the Prime Minister and the Bishop of London. Among the other distinguished guests present were Professors Virchow, Langenbeck, and Noel Gueneau de Mussy, Sir Edward Ryan, Sir Francis Grant, P.R.A., General Adye, and many others. Upwards of nine hundred applications for dinner-tickets had been received, but as the hall would only accommodate a third of that number it became necessary to distribute tickets by means of a ballot. The dinner was supplied from the Albion, in Aldersgate-street, and was excellent. The speeches, on the whole, were above the average, and Sir James Paget, whose eloquence is well known, may be said to have contested not unsuccessfully with Mr. Gladstone for the palm of oratory. The Prime Minister's speech was listened to with rapt attention, especially those passages in which he made reference to the profession of medicine. After expressing his deep sense of the obligations which he was personally under to many dead and living members of the profession, he went on to say: "It has been given to you to advance in recent times in a degree which is perhaps not to be paralleled in the course of any other profession. It would be presumptuous in me—or, indeed, in anyone who does not belong to your ranks—to draw a comparison between the scientific eminence of the physicians of the present day and those of fifty years ago. Fifty as well as 150 years ago there were physicians and surgeons whom it would be difficult, if not impossible, to surpass. I am now, however, speaking of the great body of the profession, and not of a favoured few, and speaking in that sense it is impossible not to perceive that there is at the present day greater and more sustained earnestness of purpose, and a more general exaltation of the aims of medical men." It was to be regretted perhaps that the toast of "Our Guests" was deferred till very late in the evening, but the reception of Professor Virchow when he rose to respond dispelled any doubts as to the estimation in which he is held in this country. The large assembly rose as one man, and received him with loud and prolonged cheering, waving of handkerchiefs, and every sign of affection and admiration. Dr. Noel Gueneau de Mussy was received, too, with an amount of enthusiasm only second to that which greeted Virchow. There were loud but unavailing cries for Langenbeck.

### THE EXCURSIONS.

The amusements which had been planned for their guests by the metropolitan members were interesting, numerous, and varied. Arrangements had been made with many private and public persons, by means of which the members of the Association were enabled to see many of the treasures and curiosities which are not usually accessible to the public. The picture galleries of Grosvenor House, Stafford House, and Dorchester House were thrown open, and the arcana of the British Museum and the telegraph department of the Post-office were exhibited. Lady Burdett Coutts welcomed all members who chose to visit Holly Lodge. The Archbishop of Canterbury gave every facility for seeing Lambeth Palace, and, by command of her Majesty, the Royal Mews at Buckingham Palace was thrown open for inspection. The various medical societies put their rooms and libraries at the disposal of members, and the Medical Club, the Universities Club, and the Burlington Fine Arts Club gave to certain of the visitors some of the benefits of membership. The excursions into the suburbs of London were largely patronised. The Royal Castle at Windsor, and its scarcely less beautiful neighbour at Cleveden, were visited by about 250 members on Saturday, who dined together at Maidenhead in the evening at a banquet, to which her Majesty had contributed a buck. Hampton Court Palace was visited on the same day by a large party, as were also the Royal Arsenal at Woolwich and the Aquarium at Brighton, which, through the instrumentality of Sir Cordy Burrows, was thrown open free of charge to members of the Association. To tell of private hospitalities seems almost superfluous, if not intrusive on our part, but we are sure that many of our visitors will long remember the pleasant afternoons at Mr. Spencer Wells's at Hampstead, at Dr. Harrington Tuke's at Chiswick, and at Dr. Langdon Down's private asylum for idiots near Hampton Court. Dr. Andrew Clark gave a large dinner at Willis's Rooms, and the three senior physicians of University College Hospital entertained a large party at dinner at the Langham Hotel. In addition to these parties were many on a much smaller scale, and not a few of our foremost practitioners kept "open house" during the week, and welcomed their professional brethren, both British and foreign. The excursion to the Metropolitan Sewage Works and Romford Sewage Farm will be found in another column.

### SOIRÉE AT UNIVERSITY COLLEGE.

The London meeting was brought to a close on Friday night by a most brilliant *soirée* given by the Council and the Faculty of Medicine of University College. The distinctive feature of this entertainment was that each member of the Association was invited to bring a lady, and thus the rather sombre character which sometimes marks the gatherings of scientific bodies was avoided. The whole of the fine suite of rooms were thrown open for the reception of the guests, who, taking the circular vestibule adorned with Flaxman's masterpieces as a centre of operations, were free to roam in any direction in which their inclinations impelled them; through the library, where were displayed many fine paintings by modern and ancient masters; on to the Grecian portico, where, *sub cœlo*, the band of the Grenadier Guards, in the full blaze of an electric light, discoursed most excellent music; to the botanical theatre, where a really fine concert had been organised by Dr. Roberts; to other theatres where physiological and electrical demonstrations had been prepared by M. Marey, Professor Sanderson, and others; to the Anatomical Museum, where Mr. Jeremy Bentham, clad in "small clothes" and straw hat, surveyed from a balcony, with unmoved countenance, the busy scene below him; or to the refreshment buffet, where an ample supply of various good things was liberally dispensed. The guests were received by the Dean, Professor Marshall, and by Dr. Sharpey, who, we were glad to observe, seemed to have quite recovered from his trying illness. The various professors and teachers, clad in academic costume, were stationed at different points, and cordially discharged the duties of hosts, and among them we were especially glad to observe Mr. Erichsen, whose health seems to be thoroughly restored. There were upwards of 2000 persons present, who all seemed, as well they might be, thoroughly pleased with the entertainment provided for them.

# THE LANCET.

LONDON: SATURDAY, AUGUST 16, 1873.


THE brilliant meeting of the British Medical Association which has just been brought to a close, and the lengthy reports of its proceedings which the foremost of our daily papers has given in its columns, cannot but have the effect of turning the attention of the profession and the public to the Association, and of causing much close questioning as to the scope and aim of a Society which bids fair to become of the greatest importance. The British Medical Association has existed forty-one years, and has succeeded in that time in enlisting upwards of 5000 British practitioners in its ranks. Its vigour shows no signs of declining; and if succeeding meetings are as successful as the recent one, it is possible, nay even probable, that its numbers may go on increasing. We propose to consider the Association in its social, political, financial, scientific, and potential aspects.

Socially, it has done incalculable good. It has been an incentive to professional men to mix with and become acquainted with their brethren, and has done much towards abolishing the petty jealousies which were formerly so great a blot upon the medical profession. Its social influence has always been felt, and as it increases in size its power in this direction cannot but be augmented in due proportion.

Politically, it has not done much; and, in fact, until comparatively recent times, its numbers have been too small to entitle it to be considered as a power in the State. Dr. QUAIN, in his recent address on the Past, Present, and Future of the Association, claims for it that it has exercised considerable power over medical and sanitary politics. But this, we think, is open to question; and in the face of the fact that political opinions form no test for admission, and that in reality its ranks embrace men of most diverse political creeds, it is hard to see how it can possibly be unanimous in prosecuting any political question. Political unions are only powerful when all their members are actuated by one mind and one wish, and are joined together solely for one end. If the Society is to devote itself to political matters, or if it is to stand to the Medical Council in the relation of a popular parliament to the Cabinet, its constitution must be altered, and the members of its Council must be nominated and elected by the popular vote of the sections. Such a course would, however, infallibly cause the dissolution of the Association, and is therefore not to be wished for. We think that the less the Society has to do with politics the more useful and lasting will be its existence.

The financial and scientific aspects of the Society may, to a certain extent, be considered together. Science is the bond of union of its members—the one point concerning which all its members are unanimous, and respecting which it is not likely that they will disagree. In these days, too, when science is prosecuted by means of expensive instruments and by the expenditure of much valuable time, money is the sinews of scientific investigation as of everything else, and hence it is that we choose to consider the financial and scientific questions together. Turning to the Report of the Council and its balance-sheet, and reading the discussion which it occasioned, we are somewhat staggered to find that the whole of the funds of the Association are invested in a "commercial enterprise" (to use the words of Mr. HUSBAND, of York), which has to compete with commercial enterprises of a similar kind, and whose business must be conducted in a similar way and with all necessary secrecy. This debate, indeed, resembled the debate which sometimes takes place at the annual meeting of some Limited Company rather than the debate of a scientific congress. Turning to the original scheme of Sir CHARLES HASTINGS, we find that the objects of the Association are enumerated as five:—1, The collection of useful information, &c.; 2, the increase of knowledge of medical topography, &c.; 3, investigation of epidemic and endemic diseases; 4, advancement of medico-legal science; and, 5, the maintenance of the honour and respectability of the profession. Commercial enterprise formed no part of his scheme; and he would, doubtless, be surprised to learn that, in 1872, the printer's bill alone exceeded the amount of annual subscriptions by £162. In 1872 the subscriptions amounted to £4685; and the profits accruing from commercial enterprise to nearly £3000 more. This £3000 was not all profit however; and if upon the 31st of last December the Association had been wound up it would not probably have paid its creditors more than twenty shillings in the pound. If the commercial enterprise upon which the Association has embarked paid a good dividend to science we should say nothing, but should rather applaud the acumen and energy of those whose professional work left them time to bring about so desirable an end; but this has not been the case, and we cannot but feel that Dr. BURDON-SANDERSON'S appeal at the close of his excellent address deserves the earnest consideration of the Council. Dr. SANDERSON said: "I venture to think that it is an object in every respect worthy of this great Association to further and promote the organisation of physiological and pathological research, by fixing on the questions to be investigated, by appointing persons of acknowledged scientific ability to take the direction of the inquiries, by encouraging young men of the highest ability to devote the earlier years of professional life to research, and by providing the necessary funds." Dr. SIBSON, too, appeals for funds, and says that he "would earnestly press upon the Association that they should re-establish the system of grants of money to individual members or committees." An inspection of the balance-sheets leaves it very improbable that such grants will be forthcoming. The annual income of the Association will henceforth, independent of commercial enterprise, be not much less than £6000 a year; and it would be well if it were to imitate the example set by the British Association for the Advancement of Science and make grants of money for scientific purposes. The British Association established, and for many years sustained at its own expense, the Kew Observatory. Why should not the British Medical Association establish and endow a laboratory which should be devoted to pure science and to the investigation of some of the many recondite subjects connected with physiology and pathology?

Turning to the potential aspect of the British Medical Association, we are dazzled by the possible prospect. We believe that if its popularity is sustained by meetings like the one but recently concluded—meetings at which addresses of the highest merit are delivered by the pioneers of the profession,—if it abjures politics and is content to make science its chief aim and lend it its moral and financial support, the future of the British Medical Association will be one of high brilliancy and utility. The Council of the Association wield a great power—a power which, if rightly employed, is capable of furthering, no one can say how extensively, the noblest ends and aims of the medical profession. But if those who direct its affairs lose sight of the great objects which they ought to keep mainly in view, it can only be by good fortune, and not by any all-conquering sense of right, that it will retain the position it has reached.

THE Address in Physiology delivered by Dr. BURDON-SANDERSON to the British Medical Association was a very interesting matter from more than one point of view. Not merely was the discourse marked by the breadth of physiological learning and lucidity of scientific expression which we are accustomed to expect in any important utterance of the distinguished author, but the circumstances under which it was delivered were in themselves remarkable and encouraging. No longer since than the Oxford meeting of the Association in 1868 it was remarked by Professor ROLLESTON that the supineness of the English medical profession in promoting the advancement of physiology was a standing reproach which ought forthwith to be removed. Five years have elapsed, and, although we can point but to a modest amount of improvement, still it may be truly stated that English physiologists have re-entered the right path. To the influence of such men as PARKES and BURDON-SANDERSON it is due that "we have young men trained in the methods of chemical and physical work," and "laboratories" (though as yet but few and far between) "for the purpose of carrying out our work." The establishment of the Brown Institution is one of the most important scientific events that have ever happened in this country; and the approaching opening of the splendid physiological laboratories of Owens College, under Dr. ARTHUR GAMGEE, will form a second and very considerable advance in the path of progress.

The special subject of Dr. BURDON-SANDERSON'S address was that never-failing topic of interest—the nature and causation of the febrile state. That the majority of medical men, even those of high position and reputation, should have been so long content to talk in a perfectly vague manner on this subject, without one serious attempt to *aborder* a question which lies at the foundation of the larger part of the difficulties actually encountered in medical practice, is indeed surprising. On the other hand, Dr. SANDERSON showed that physiology has till lately given forth a quite uncertain sound upon this question, and it is only very recently that some of the more important preliminary queries have been satisfactorily answered. Taking heat-production as beyond comparison the most important phenomenon of the febrile state, we may congratulate ourselves upon the settlement of one point of prime consequence. Two rival theories have prevailed; according to the former of which the excess of bodily temperature observed in fever is only a consequence of varying conditions as to the calibre of peripheral bloodvessels, in consequence of which heat simply *accumulates* in the body (TRAUBE), or the superficial bloodvessels (on MAREY'S theory), being dilated, receive an unusual quantity of hot blood from the interior parts of the body, and record the excess on the thermometer placed in the axilla or in any similar part. The other main theory ascribes the excessive heat of fever to a real excess in internal heat-production from oxidation of tissues; and it is now conclusively demonstrated that at least three-fourths of the measurable heat-excess in severe pyrexia must really be due to this cause. The experiments of LIEBERMEISTER have proved that no possible accumulation of heat within the body can account for more than a fraction of the elevation of bodily temperature observed in fever; and, indeed, the dependence of the latter, in the main, on increased oxidation is also shown by the presence of a very large quantity of urea in the urine, even of febrile patients who are kept upon absolute *diète*.

Though too cautious to commit himself to a new general theory of pyrexia, Dr. SANDERSON called attention to the muscular system as very possibly the scene of hyper-active chemical changes which might suffice to account for the whole of the increased heat-production in fever. There is, on the other hand, the remarkable fact (to which the lecturer referred) of the marked elevation of temperature produced by strychnia, and the equally marked lowering of it which is caused by the paralysing action of curara; and, on the other hand, there is the evidence afforded by those softenings and granulations of muscular tissues which the researches of ZENKER and others have shown to follow upon protracted and severe pyrexia.

Perhaps, however, the most felicitous and instructive portion of the lecture was the illustration of how accumulation of heat *may be*, though it commonly is not, the source of febrile manifestations. The illustration is taken, not from clinical medicine, but from the physiology of a particular class of men—the workers in Cornish mines. The workman in a "dead-end" (i.e., an unventilated cul-de-sac) in one of the "hot mines" of Cornwall suffers under a complete suppression of that discharge of heat from the surface by which a dangerous accumulation within the body is prevented under ordinary circumstances; the result is, that about ten or fifteen minutes of muscular exertion in this atmosphere suffices to collect such an enormous quantity of heat and other combustion products within him that he straightway exhibits all the phenomena of true pyrexia, which, however, can be relieved by exposing the surface of the body to free ventilation.

One thing we must notice in conclusion, and that is the temperate yet justly indignant words in which Dr. SANDERSON spoke of the entire neglect of Government to provide material assistance in the active prosecution of physiological researches. We agree most heartily with the lecturer that the neglect is culpable; but the Government is not the only body which is to blame, as we have pointed out in another column.

THE recent importation of cholera into the East of London, and its energetic removal by the exertions of the Medical Department of the Local Government Board, will open out a new phase of affairs in connexion with the positive responsibilities of port sanitary authorities, which sanitary law, as it now stands, does not appear to have defined very clearly. The case above quoted is one in point. A vessel arrives from a foreign port with certain emigrants, who are to be transhipped here in order to proceed to their final destination. Epidemic disease occurs among them (let us assume for the nonce that it has commenced before the arrival of the vessel in British waters), and it is the duty of the port sanitary authority to separate the sick from the healthy, and to send the former to the port hospital. But in what way are the healthy (or rather the "suspected") to be treated? According to the Order in Council recently issued, a copy of which appeared in THE LANCET some three weeks ago, these "suspected" persons may be detained in the vessel in which they have arrived for a space of time not exceeding two days, in order that their sanitary condition may be fairly and properly ascertained. From a sanitary point of view this is a very proper course of action, and clearly indicates the simplest mode of grappling with the difficulty. But there is a commercial as well as a sanitary aspect of the question. Emigrants brought here for transhipment usually form but part and parcel of a large cargo, animate and inanimate, and the ship that has brought them is, in the vast majority of cases, a regular trader between the United Kingdom and one of the Baltic, French, or German ports. These steamships clear out in less than forty-eight hours, and are often ready for sea again three days after arrival. Hence even a two days' detention would indicate an enormous loss to the owners, and would, in London at all events, be resisted most strenuously by the mercantile community. We submit, therefore, that it is the duty of "some one" to establish and maintain a depôt, either afloat or ashore, to which "suspected" persons can be relegated during the period of surveillance enjoined by the Order in Council. Is the port sanitary authority compelled to maintain such a depôt in London and elsewhere? And if not, who is the responsible authority? At Liverpool, emigrants for transhipment arrive in the summer and autumn in large numbers, but they nearly always come in, so to speak, at the back door—i.e., *viâ* Hull, Grimsby, and the other eastern ports, *en route* from the Baltic. To meet the depôt difficulty, and until a regular establishment is provided, lodging-houses are opened for these emigrants under the special supervision of Dr. TRENCH, medical officer of health for Liverpool, over which his inspectors exercise most rigorous control. A depôt was established some few years ago at Plymouth by the emigration authorities of Victoria, but it is now carried on as a private speculation, and is said to work well. It does not appear that the law, as it now stands, clearly compels port sanitary authorities to provide any such establishment, but it is absolutely necessary on all grounds of public health that the point should be settled speedily by the authorities at Whitehall.

THE presence of Mr. GLADSTONE at the British Medical Association's banquet in Lincoln's-inn Hall, while it had the effect of attracting a larger company than there was room for, furnished occasion for little more than an interchange of compliments between himself and the Chairman. And yet the opportunity was one which the right honourable gentleman might have utilised with signal effect. No interest has suffered more during the late session than the medical. Not one of the measures which it had at heart but was sacrificed to others of much less national importance. The Public Health Act retains all the provisions which impaired its usefulness a year ago. The Adulteration Acts are still crude in conception, and in many vital points practically inoperative. Mr. DALRYMPLE'S Bill for the Treatment of Habitual Drunkards was again postponed, after a commission specially appointed by the Government had closed its labours by an emphatic approval of it. Above all, the great question of Medical Reform was shelved. On all and each of these points it was expected that the right honourable gentleman would have had something to say—if not by way of apology for the past, at least of promise for the future. But, beyond a graceful recognition of the merits of the Chairman and the dignity of the profession, his Ciceronian sentences conveyed nothing to his expectant hearers.

The result was disappointing. An excellent opportunity of conciliating the profession had offered itself and been missed. Had his great antagonist, it was felt, occupied the same position at such a gathering, something more than an *éloge* of the medical art would have been heard. Mr. DISRAELI, though he might not have committed himself to premature measures, would doubtless have touched upon the sanitary questions before the country—questions involving the well-being of the community and the interests of the profession. *Sanitas sanitatum omnia sanitas*, though political jealousy may sneer at it as a "policy of sewage," is, after all, the watchword of the hour. The country is on the alert to meet the cholera invasion. At this moment typhoid fever is raging with virulence in a favoured part of the metropolis. The labours of the health-officer and the public analyst were never in greater request. Every social indication points to the necessity of reorganising the machinery of public health, and of bringing it into closer and more vital relation with that profession which can alone work it with effect. Yet of all this Mr. GLADSTONE, though addressing an audience of practitioners from all parts of the kingdom, seemed serenely unconscious. To

> "know the seasons,
> When to take occasion by the hand,"

is the attribute ascribed by the Poet Laureate to the statesman. No man has exemplified it more thoroughly than Mr. GLADSTONE. The greater the pity, therefore, that an opportunity so felicitous as that of Thursday week was so signally missed.

IT has been intimated to the metropolitan boards of guardians that the Local Government Board is engaged in revising workhouse dietaries, and will shortly issue a uniform table for the whole of the unions in London. We do not know what line of view is taken regarding the allowance of alcoholic liquors and other "extras," but the Board appears sanguine of being able to formulate a dietetic code which shall develop the highest working power of each inmate.

# Medical Annotations.

"Ne quid nimis."

## PROMOTION IN THE BRIGADE OF FOOT-GUARDS.

WHILE the slowness of promotion in the Army Medical Service has been a subject of general complaint for many years, that of the medical service of the Foot-Guards has been in a far worse condition. Promotion for the medical officers in that brigade is at a standstill, and likely to remain so, unless something be done to bring about the retirement of an officer whose continuance in the service shuts off his juniors from all hope in that direction. The case, as regards these officers—who are, to their cost, junior in an official sense, but senior if age and long years of service be counted—is an uncommonly hard one. The facts lie in a nutshell, and are tolerably well known. The senior surgeon-major retains his position, while his juniors will be compelled to retire on account of age. This very anomalous state of things has arisen out of the conditions of the Royal Warrant of 1858, by the terms of which all medical officers, other than those of the administrative ranks, are compelled to retire at the age of fifty-five years. In the case of the officer to whom we have alluded an exception has been made, and it is surely time that the grounds of this exception should be publicly stated. If it be the case, as we have heard, that, having been already a surgeon-major at the time of the promulgation of that Warrant, he preferred to remain under the terms of previously existing regulations, and can now disclaim all connexion with the Warrant of 1858, his unhappy subordinates would be glad to know whether they are expected to await the period when his retirement, like that of all of us, must take place in accordance with the inexorable law of nature, and irrespective of all Warrants? This will be gloomy enough for all parties. There are some things which human nature—even patient official human nature—cannot endure, and we must confess that a man who was appointed an assistant-surgeon in the Guards nearly twenty years ago, at the time of the Crimean war, and has seen about 250 of his juniors of the general service promoted over him since 1865, has had his powers of endurance stretched to the utmost. The matter requires investigation, and if no other method can be discovered for remedying it, the authorities might surely carry out a suggestion we made many years ago, and assimilate the medical service of the Guards to that of the general service, by promoting the senior medical officer, and removing him from the executive to the administrative ranks. It is difficult to understand the grounds for upholding the present dual system of army medical administration—one for the Guards and another for the general service.

## THE UNDERGROUND RAILWAY.

THE management, or rather the mismanagement, of the Underground Railway has frequently called forth complaints of a pecuniary as well as of a hygienic nature, but it is with the latter only that we have to deal. The insanitary condition of the line has met with the constant disapprobation of the public and the profession, but it would seem that, instead of attempting to remedy the defects, the sole object of the authorities is to make travelling as unhealthy and as uncomfortable as possible, in which endeavour their servants cordially co-operate. Every one who has had occasion to use this means of locomotion must have frequently wished for conveniences reasonable enough in themselves, but apparently unattainable. The air in the tunnels and some of the closed stations is constantly charged with foul gases, the products of combustion, which are highly irritating and to a degree poisonous. It is a shame and a disgrace that in this city and at this period of sanitation no measures should be adopted to purify the atmosphere and rid it of the greater portion of its noxious ingredients. Fortunately the fault does not lie with engineers or the medical officers of health, but with the managers, who cannot be induced to go to the expense of procuring proper apparatus for efficient ventilation. But in a simple way much might be done by increasing the number of shafts and vent-holes, and by making partitions in the middle of the tunnel at frequent intervals, so as to get a constant up and down current. As it is, there is really no circulation of the air sufficient to ensure removal of the bad air and its replacement with fresh. Further, it ought to be made compulsory that the engines should consume their own smoke, whereby one of the active agents of the production of the impurity would be removed. It may be also suggested that the comfort of passengers would be greatly enhanced by placing good lights in the carriages, for at present they are so dim that it is next to impossible to see to read. These are by no means all the annoyances experienced in travelling on this line, for apart from the frequent overcrowding of the carriages—especially those appropriated for the working classes—and the oppressive heat, passengers are subject to constant shocks, as of a cannonade, sufficient to distress even the most self-composed, by the banging and clashing of the doors of the carriages.

## THE PHYSIOLOGICAL ACTION OF LIGHT.

AN entirely new method of physiological research has been set on foot by James Dewar, Esq., and Dr. John M'Kendrick, of Edinburgh, first to ascertain the electro-motive power of the retina and optic nerve, and then to observe how it was influenced by the action of light. They used Du-Bois Reymond's non-polarisable electrodes and Sir William Thomson's reflector galvanometer. With these instruments they obtained a strong deflection from the eyes of rabbits, frogs, a cat, dog, pigeon, tortoise, and gold-fish. Next came the more arduous task; for the difficulty of maintaining an absolutely constant zero, or an absolutely constant amount of polarity, and of disregarding the effects of heat, taxed their ingenuity considerably before they were able to obtain even an approximate estimate of the influence of light on the electro-motive force of the retina.

However, overcoming these obstacles one after another, they made some 500 observations, and arrived at certain results which, with the details of their experiments, they laid before the Royal Society of Edinburgh, stating that the deflections they recorded were not absolute, but relative values.

The following are among the most striking results given in their first paper:—"The action of light upon the retina is to alter the amount of the electro-motive force to the extent of from 3 to 7 per cent. of the total amount of the natural current. A flash of light, lasting the fraction of a second, produces a marked effect. When a diffuse light is allowed to impinge on the eye of a frog, after it has arrived at a tolerably stable condition, the natural electro-motive power is in the first place increased, then diminished; during the continuance of light it is slowly diminished to a point where it remains constant, and on the removal of light there is a sudden increase of electro-motive power nearly up to its original position. Similar experiments made with the eyes of warm-blooded animals, placed on the cushions as rapidly as possible after the death of the animal, and under the same conditions, have never given us

an initial positive variation, as we have above detailed in the case of the frog, but always a negative variation. The after-inductive effect on the withdrawal of light occurs in the same way. Many experiments have been made as to the effect of light from different portions of the spectrum. All these observations tend to show that the greatest effect is produced by those parts of the spectrum that appear to consciousness to be the more luminous—namely, the yellow and the green." The experimenters find that the physical effects which they observe with lights of different intensity vary in such a manner as would result if the law of Feckner was approximately true.

## BRITISH MEDICAL SERVICE IN INDIA.

OUR attention has been directed to a communication that recently appeared in one of the Indian journals. The subject of it is one to which we have frequently adverted. The junior medical officers of the British service do not receive the increased rates of pay, relative to their home pay, on the same scale as combatant officers, nor are they placed on an equality with their brethren of the Indian medical service. The assistant-surgeon of the Indian medical service, on passing in the language, which he generally does in about two months, gets, we are told, £45 a month, while the officer of corresponding rank in the British service only receives £31 15s. The former, after six years' service, draws £60, and the latter but £43 7s. This is exclusive, too, of the many extra appointments open to the medical officer of the Indian service. It may be urged that the officer having elected to enter the department in which he is now serving must abide by the consequences of his choice, and that there are some special reasons for holding out additional remuneration to men who are compelled to continue in a tropical climate. But this does not meet the case. The rates of pay of all medical officers of the British service are the same as those laid down for officers of corresponding rank in the Indian medical service, with the exception of the junior rank. Young men entering the British service certainly expect that they shall receive the rate of pay laid down in the Warrant under which they enter, but in this it appears they are disappointed. Moreover, the expense of living in India is much greater now than formerly, and we have been assured that the position of the junior officers of the two services serving at the same station presents a remarkable contrast. Those of the British medical service have to exercise a good deal of economy to live, especially if they happen to be married. The junior medical officer at one time received extra pay for the performance of extra duties, or for undertaking the responsibilities of his senior in rank, but such is said to be no longer the case. The Duke of Argyll, in his open-hearted Scotch way, cancelled the remuneration attached to such appointments in October last as far as the British medical officer was concerned. This has not been done, however, as regards the medical officers of the Indian service. We have no desire, of course, that an equality should be attained by leveling-down one service, but it is surely only fair that the advantages in this respect enjoyed by one should be extended to the other service.

## BRISTOL HOSPITAL FOR SICK CHILDREN.

SOME of the correspondence that has passed between Dr. D. Ward Bush, physician to the hospital, and Mr. Whitwell, chairman of the Committee of Management, relative to the conduct of the female resident house-surgeon, which resulted in the resignation of the honorary medical staff, has just been published in the local lay papers, in which Dr. Bush has detailed his grievances, and stated his reasons for resigning his post. It seems that Dr. Bush, on attending the hospital one Tuesday afternoon, found that a patient for whom a certain plan of treatment was ordered twice a day, had been neglected since the Sunday morning, and that another case, to which special attention had been called, had not been attended to by the female house-surgeon, with whom Dr. Bush remonstrated, but who intimated that if he wished his treatment to be carried out he must attend to his patients himself, and moreover charged him with "bullying," not only herself, but the nurses of the hospital. Whatever may be the real ground of difference, there can be no doubt that the tone of the replies was most improper and indecorous from anyone, but especially from one who lays some claim to being a lady. On the general question of female doctors we have previously expressed our opinion, and shall therefore now briefly notice one or two points in this particular case. Apart from the legality, or even the expediency, of appointing to the charge of sick persons any one not registered, and not even registerable as a properly qualified practitioner, there can be no doubt that in the present instance the appointment of a female house-surgeon was unwise; for although the medical officers endeavoured to work harmoniously with their new assistant, it was not their wish, at least not the wish of all the members of the staff, that a woman should be appointed to the post.

If the lay committee have rightly appreciated the labours of their honorary medical staff, only one line of conduct is open to them—namely, to instantly dismiss their house-surgeon, and beg of the honorary staff to resume their appointments as heretofore.

## AGASSIZ' NATURAL HISTORY SCHOOL.

TRUE to the Horatian maxim—

> "Segnius irritant animos demissa per aurem,
> Quam quæ sunt oculis subjecta fidelibus,"—

Professor Louis Agassiz opened on the 8th ult. a natural history school, in which books and lectures are to be dispensed with, and the pupils taught by direct contact and familiarity with the objects of study. For this purpose the Penikese Island has been presented to Agassiz by its owner, Mr. John Anderson, who has also supplemented his gift by a donation of 50,000 dollars in money. In the programme of the school, the Professor intimates that none need apply for admission who mean to use the charming and healthy island merely as a summer resort. Hard work is to be the condition of pupilage. "It will no doubt," he says, "appear to many a wearisome process to sit for hours before a specimen without any but a very general direction what to do with it. I would therefore advise all those who wish to be taught natural history in the way in which it is generally taught, by recitations, to give up their intention of joining the Anderson School." Forty applicants have already come forward, of whom sixteen are women, the whole number of pupils being limited to fifty-six. Accommodation is ready for only one-half, but the other building corresponding to the one finished is on the eve of completion. The teachers already engaged are Professors Agassiz, Brown-Séquard, Guyot, Hawkins, Putnam, Shaler, and others; and Drs. Burt, Packard, and Wilder, with Count Pourtales, of the Coast Survey, and Paulus Rötter, artist, of the Museum at Cambridge. The opening ceremony was a brilliant one. A steamer from New Bedford, Massachusetts, conveyed to the island about seventy-five teachers, students, and guests, who were addressed in a temporary building by Professor Agassiz. "I shall invite you," he said, "to ramble about the island to observe what there may be of interest. I shall constantly ask you to tell me what you have seen, to tell me how your mind works. Our chief work will be to watch

the aquarium. I want you principally to study marine animals. The only way to do that properly is to have them alive by your side. I have never had in my laboratory better opportunities for work than I place at your disposal. I think that pupils are made too much to turn their attention to books, and the teacher is left a simple machine. That should be done away with among us. I shall never make you repeat what you have been told, but constantly ask you what you have seen yourselves." And with these and similar practical hints the great high priest of Nature's sanctuary in the Western World conducted the students to their quarters and bade farewell to their friends.

## THE NAVAL MEDICAL SERVICE.

THE case of the naval medical officers, as set forth by Sir Dominic Corrigan in our columns last week, certainly appears to be one of much hardship. To suppose that a young medical man who has once embraced the naval service is never to be allowed to resign is perfectly absurd. Compulsory service under such circumstances would simply amount to a bondage that would be intolerable to the officers concerned as well as disastrous to the naval service. We do not see how a medical man could, indeed, be compelled to discharge distasteful duties under conditions he disliked, and it seems to us very like an exhibition of tyranny to refuse a medical officer permission to retire from the service, and, on the renewal of his application, to order him to embark for the West Coast of Africa! There are, of course, circumstances under which medical officers might fairly be prevented from retiring, as, for example, on active service, or on foreign stations where their places could not be readily supplied; although we question, even then, the utility or expediency of the procedure, as the service is better without officers who would resign under such circumstances. Again, we understand that the authorities deem it right to protect themselves against young men supplementing their medical education by a course at Netley at the expense of the State, and then resigning. The required protection might be easily secured by insisting on medical officers who simply made a convenience of the service in this way refunding all the pay they had received at Netley. Cases of this kind are, we suspect, very rare, however. The true reason for medical men resigning their appointments in the navy, if we may judge from the tenor of several communications we have received, is that the service is an unpopular and uncongenial one, and their position far from what it should be. We have no hesitation in saying that Sir Dominic Corrigan has only to bring the facts he sets forth in his communication before the House of Commons to get this matter redressed at once. The House would never tolerate such arbitrary proceedings. Meanwhile, the authorities have not increased the popularity of a service which has never been a favourite with medical men by the very ill-advised course they have adopted.

## THE SANITY OF PAUPER LUNATICS.

AT a recent meeting of the Islington guardians Mr. Cufflin made some statements about the motives which actuate guardians in sending paupers to lunatic asylums, which were not of a complimentary character. The remarks of Mr. Cufflin were occasioned by the report of a committee which had recently visited the lunatics in asylums chargeable to the parish. Concerning one of the men so visited Mr. Cufflin said he was only a grumbler, and that such a character was not sufficient to justify detention as a lunatic. Moreover, Mr. Cufflin expressed his belief that many of the people would not be sent to asylums if it were not for the Common Poor Fund, and the fact that out of this the guardians get only 5d. a day for lunatics in a workhouse, whereas they get 12s. a week for those in an asylum. The inference is, that for the sake of the larger sum the guardians and their medical officer send unfit cases to asylums. It is evident that so serious a charge against guardians and those certifying in the case of pauper lunatics requires for its justification much more evidence than Mr. Cufflin adduced. Though a pauper lunatic may be sent to an asylum on the strength of only one medical certificate in addition to that of a magistrate or a clergyman and the relieving officer, yet, in point of fact, in London, a pauper is generally seen and his condition certified by two medical men: first, the medical officer of the district outside, on the strength of whose certificate he is sent to the workhouse infirmary; secondly, the medical officer of the workhouse, on whose certificate he is sent to an asylum. The medical officer outside has nothing for his certificate, though the duty he is called to discharge is special and very painful. The workhouse medical officer gets a small fee of 10s. 6d. for certifying before the magistrate. Now it is perhaps imaginable that such an officer would co-operate with the guardians to send unfit cases to an asylum out of the mere love of money; but then it would require Mr. Cufflin's imagination and his contempt for evidence to make such a charge as he does. Not only would the medical officer certifying and the guardians have to be thus basely fond of money, but they would have to get a magistrate to work with them without any remuneration. To crown all, as far as we know, the guardians only receive from the Common Fund what they have already paid to the asylum, and so can make nothing out of the transaction. The whole question of the way in which pauper lunatics are certified and sent to asylums, and kept there, is open to criticism; but such statements as Mr. Cufflin's are too vague to do harm to anyone but himself.

## THE CHOLERA EPIDEMIC IN AMERICA.

A LATE number of the *Philadelphia Medical Times* gives some very interesting information connected with the medical history of the cholera epidemic prevailing in certain portions of the United States. About two months ago, cases of what bore a strong resemblance to malignant cholera were reported at New Orleans shortly after the arrival, it is said, of a vessel from Odessa, where the disease was prevailing. A steamer leaving New Orleans for Cincinnati lost a number of deck hands, or passengers, on its way, and not long afterwards cases of the disease appeared at Memphis, and at points on the river below. Following the lines of travel, the disease continued to spread, passing up the river to Padneale and Cincinnati, and along the railroads to Nashville, Gallatin, Murfreesborough, and, finally, into Eastern Tennessee. Nashville suffered severely from the epidemic, and Greeneville, a little town on the main line of rail at the extreme eastern part of Tennessee, especially so, owing apparently to the fæcal contamination of air and water. It is declared, in an extract from an official report, that in every instance of the disease in the Greene county direct or indirect contact with Greeneville atmosphere or Greeneville water could be traced.

## ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY.

THE report of the above Society for the past year is now in our hands, and while there is ample proof of good work done, we regret to find that there is also apparent a diminished interest in the institution which threatens to impair its vitality. The Society boasts an honourable existence, having been established in 1786, in which year Mr. R. R. Newell of Colchester convened a meeting of me-

dical practitioners, to which twenty-nine Essex men responded. The first court of audit was held at Dunmow in 1790, and the first report issued in the following year. Since that time £26,000 have been paid away in grants towards the relief of the widows and orphans of medical men. The subscriptions for the past year amounted to only £128 13s. 6d., which, even with the income from funded property, was insufficient to meet the calls on the Society, thus compelling the managers to trench on their capital stock. The Society has now made a special appeal to the profession and the public in the two counties for more liberal countenance and patronage, and we trust that evidence of increased support and new life will be perceived in the Society's next report.

## HENRI ROCHEFORT.

AMONGST the news which has reached us this week from Paris is the departure of Henri Rochefort for New Caledonia. It is not for a medical journal to touch upon the political aspects of the event; and the question is simply whether the banished journalist's state of health permitted or not, with strict regard to the laws of humanity, the present carrying out of the condemnation which was passed upon him about two years ago. In respect to this the most positive statements are made both affirmatively and negatively. Rochefort's friends and political supporters contend that he is suffering most acutely from anæmia, and from heart disease, the symptoms of which, such as they are described by non-professional pens, would seem to indicate angina pectoris; and in a recent number of *La Liberté*, of Paris, there has been published a very touching letter by Rochefort's legal adviser, in which it is stated that Rochefort cannot get up ten stairs, or cross his little room, without experiencing such violent fits of palpitation and suffocation as to take away his breath. It must be said, however, that until now no statements of the kind have been made known by any medical man, whilst, on the other hand, it would appear that a medical commission appointed to examine him before the voyage, together with the others, and consisting of M. Sassée, director of the service of health, the surgeon attached to the ship, and a third medical man, have declared that his health in no way prevented his embarkation, or caused apprehension for the voyage.

## POLLUTION OF RIVERS.

THE letter of a "West Riding Magistrate," in Tuesday's *Times*, supplies additional proof, if proof were wanting, of the need for a thorough systematic agency being established for preventing the further pollution of rivers and streams, as well as for abating the mischief which has already been done in that respect. The valley of the Calder is described as being in a condition which excites wonder how it is that some fearful pestilence does not swoop down on the valley in retribution for the wholesale defilement of the river. "Years have elapsed," says the writer, "since the River Pollution Commissioners gave such a report of this river as might have sufficed to arouse vigorous action in the most circumlocutory office." Yet, "not a single step has been taken to remedy, in the slightest degree, the evils" which, as is justly observed, are a source of serious danger to the whole community in the valley. It is perfectly well understood that the river might be purified without loss to the industries of the locality, and with positive gain in the shape of fertilising products utilised which are now utterly wasted. But the population concerned will derive small enough consolation from such knowledge so long as the Government is content to let session after session pass without moving hand, foot, or finger to help them. The hope is now held out that the subject is under consideration with a view to legislation next session—always allowing, we presume, for accidents to which a Government is liable.

## PARISH MORTUARIES.

AT an inquest held recently in Clerkenwell by Dr. Hardwicke the jury were placed in a position which is perhaps not exceptional, but which is none the less on that account objectionable, and that on other than merely sentimental grounds. Having to proceed to the parish mortuary to view the body, they found it in an advanced stage of decomposition, lying in a common coffin, and emitting an effluvium which pervaded the place to such a degree as to produce a most unpleasant effect upon several of the jurymen. Of this they very naturally complained, and urged upon the deputy coroner that, in the execution of a public duty, they ought not be called upon to run what in some cases might prove to be a very serious risk. Dr. Hardwicke observed that both Dr. Lankester and himself had advised that the vestry of every parish should provide the coffins or shells used in the mortuaries with lids having a pane or sheet of glass let into them, so as to admit of the body being viewed without discomfort or danger to those concerned. Additionally, of course, proper disinfectants should in all cases be liberally used; and the adoption of the suggestions of the coroner and his assistant cannot too soon be enforced upon parish authorities, or else we shall hear next of a strike amongst jurymen. It is at all times a disagreeable business to be summoned on a coroner's jury, and the least that can be done is to take care that no unnecessary annoyance is inflicted on those who are called upon in the public interests to assist at such investigations.

## THE FORTY-SIXTH GERMAN CONGRESS OF SCIENCE AND MEDICINE.

THIS Congress is this year to take place at Wiesbaden, from the 18th to the 24th of September. Dr. Fresenius and Dr. Haase, sen., are the honorary secretaries. They state that the railway companies have promised to lower the fares for the benefit of those who will produce a Congress admission-card. The latter can be had from Dr. L. Haase, sen., Wiesbaden, by sending him 12s., the sender stating whether he wishes to be simply a member or whether he intends to make a communication. Access to all the festivities will be gratuitous; no expense will be incurred save that of the public dinner. The secretaries express the hope that the meeting will promote friendly feelings between the members, and contribute to the agreeable relaxation of all concerned.

## A JOURNEY UNDER CHLOROFORM.

A NOVEL, very interesting, and useful application of chloroform has just been made by Dr. Squarey, of the Soho Hospital. A lady had been subjected to an examination under chloroform on Tuesday last. The husband of the patient wished to move her as soon as possible to her home at Norwood, but in her then condition of pain and exhaustion a journey was out of the question. The advisability of her return being strongly urged by her friends, it was proposed to perform the journey under chloroform, and this was actually accomplished on Wednesday. The patient was anæsthetised on her bed in George-street, Hanover-square, having no knowledge of her impending journey. She was then carried downstairs and placed in an invalid carriage, driven to her home at Norwood, and taken out and carried upstairs to her own bed without at any time

actually recognising that she was on her way home. The journey occupied an hour and a half, and the patient was under chloroform about two hours.

## THE CHOLERA.

AN important circular has been issued by the Italian Medical Association to the committees of the Association all through the country, respecting the most appropriate means of arresting the spread of the scourge. The circular is based upon the firm belief that cholera is contagious, and that every means should be used to isolate and confine the disease. It calls upon medical men to co-operate with the Government in enforcing such regulations as may tend to stop all communications with the infected districts. The localities already and rather severely visited are situated in the Venetian provinces, in the neighbourhood of Udine and Treviso. The document alluded to states very pointedly that many people fled from Vienna, although the authorities endeavoured to inculcate that cholera is not contagious. Italian medical men, who may be tempted to attend congresses or gatherings, are reminded that, with the cholera reigning in the country, every practitioner ought to be at his post.

## THE EXECUTIVE COMMITTEE OF THE GENERAL MEDICAL COUNCIL.

A MEETING of the Executive Committee was held on the 7th inst., for the purpose of considering the necessity for a meeting of the General Medical Council in connexion with the conjoint schemes that have been all but arranged. We believe it was considered not necessary to convene a meeting at present. It would have been remarkable if the sensible members of the Council who compose the Executive Committee had seen the necessity for a meeting in the height of the shooting and holiday season. There is a prospect of the Apothecaries' Society of Dublin falling into the Irish scheme, leaving out only the Queen's University.

## NEURIN.

THIS body, the presence of which as a constituent of the bile was originally shown by Strecker, is the subject of a communication in the first part of Stricker's *Jahrbücher* for the present year, by J. Mauthner. Mauthner states that, having to examine a large quantity of bile, he recognised the penetrating odour of trimethylamin; and further investigation satisfied him that neurin breaks up, when in contact with decomposing organic matter, into trimethylamin and ethyl-glycol.

## DUSTBINS.

WILL vestrymen ever be able to construe *salus populi suprema lex*? Here we have cholera threatening our shores and enteric fever in our midst, while the streets and mews are literally reeking with putrescent filth in the dustbins. In Clerkenwell every kind of vegetable abomination steams on the pavement and in the gutters under the August sun, and the courts, in which crowds of Irish costermongers are huddled together, are unfit for pigs to live in. What are our sanitary officers about? Or is it that the inevitable "vestryman" is the proprietor of these haunts, and will brook no interference with them? At Marylebone, where enteric fever is rife, the vestry have contracted with the collector to remove the "dust" only once a week, and, no matter how hot the weather may be or how febrile the neighbourhood, seven days must elapse before the bin is cleaned out. "Paternal government" has its disadvantages, but an autocratic vestrydom is not one of them.

ACCORDING to intelligence just received, the Danish emigrants at Gravesend were inspected on Wednesday by Mr. Harry Leach, the port medical officer, and Mr. Whitcombe, in medical charge of the *Rhin*, and seventy-two out of a total of seventy-six were released from observation, and declared fit to resume their journey. They will probably sail to-day or on Sunday. More than twenty cases of sickness have occurred, but the entire conduct of the affair will shortly form the subject of a special report to and by the Medical Department of the Local Government Board.

THE mortality last week in the chief towns of the kingdom included 30 deaths from simple cholera and 949 from diarrhœa. In London 1171 deaths were registered, 470 being due to diarrhœa, the fatality from this disease being considerably over the average rate for the corresponding week of the last ten years. Of the 470 who died, 438 were children under five years of age. Simple cholera and choleraic diarrhœa caused 16 deaths, 12 of them being those of infants.

THE Miller Memorial Home, Edinburgh, an institution founded to perpetuate the name and memory of the late Professor James Miller, and devoted to the work of training medical missionaries, is in want of funds; and the directors have issued an appeal to the public for £1000, which will enable them to clear off all debts. Should more than the sum mentioned be received, it is proposed to place a portrait or bust of Professor Miller in the Home.

THE North German Government has just organised an Imperial Cholera Commission, including the most scientific authorities on the subject in the empire. The Commission, which has begun its sittings at Berlin, is charged to draw up a plan for investigating the disease, to be followed by the physicians in the several states. Another of its duties will be to collect, digest, and criticise all scientific matters bearing on the disease.

POOR Strasburg, as if it had not suffered enough from famine, fire, and the sword, has now to bear a visitation of cholera. Curiously enough, coincident with the news of the outbreak comes the information that the German sentries of the town are in future to be supplied with ball-cartridges. Is it with the humane purpose of immediately dispatching infected persons?

WE have been favoured by Messrs. Fradelle and Marshall, of Regent-street, with some photographic groups taken by them during the meeting of the British Medical Association at King's College. The tone and definition of these photographs are singularly good, and will fully sustain the reputation which these photographers have already gained for medical photographic portraiture.

THE British Medical Benevolent Fund has received the sum of £30 from Miss Caroline Brown, completing a donation for the present year of £100 from this lady. The pressure on the charity is very great, and half of the applications for aid at the last meeting of the committee were unavoidably postponed or passed over for want of means.

SPECIAL hospitals have been erected in various parts of Berlin for the reception of cholera patients, and rigid precautions are taken to prevent the approach of suspected vessels. The city has voted a grant of 6000 thalers towards sanitary and preventive purposes.

HEIDELBERG UNIVERSITY has, through its authorities, declined to receive the Russian female students, who are now compelled to leave Zurich.

WE are happy to be able to state that up to the time of going to press no case of Asiatic cholera had been reported to us from any medical practitioner in the United Kingdom.

THERE is no truth in the statement made a few days back in a daily contemporary, that ladies are to be admitted as students in the University of St. Andrews.

THE deaths in Vienna this month from cholera have already reached 300. Since the 24th July 54 deaths have occurred in the cholera hospital.

WE are informed that a plentiful supply of candidates was forthcoming at the recent competitive examination to meet the requirements of the Army Medical Service.

THE latest accounts from Paris represent the condition of Dr. Nélaton as hopeless.

## THE OUTBREAK OF TYPHOID FEVER IN MARYLEBONE.

FURTHER information on the subject of the sudden and alarming epidemic, of which we gave a short notice last week, shows that the extent of the epidemic is considerably greater than we then stated, and that there are at present at least sixty (and, we have reason to believe, many more) families in which typhoid fever has made its appearance, and caused greater or less havoc. We are glad to be able to state that Mr. J. Netten Radcliffe has been sent by Mr. Simon to the assistance of the medical officer of health for the parish, and there can be little doubt that at no distant period the true source of the epidemic will have been discovered. Meanwhile, the mass of evidence seems to point in a most striking manner to the milk of a particular dairy as at all events the carrier of the germs of infection.

The present Marylebone epidemic is apparently the eighth known instance in which typhoid (not to mention scarlet fever) has been scattered through families by means of their milk-supply. The first instance occurred at Penrith, and was ably investigated by Dr. W. M. Taylor; then followed the Islington epidemic, reported upon by Dr. Ballard, and in addition to these, epidemics in which milk was apparently the disseminator of the poison have occurred twice at Leeds, and once at Parkhead, Chester, Edinburgh, and lastly in Marylebone.

Many facts have been noted which seem to point conclusively to the milk as the source of infection, and there is no stronger piece of evidence than that which occurred in the family of Dr. Murchison, which was the means in the first instance of giving a clue to the origin of the disease, and which has been inaccurately stated in the *London Medical Record*. The facts were briefly as follows:—On July 22nd the three eldest of Dr. Murchison's seven children sickened with typhoid within a period of twenty-four hours. On looking about for the cause he was convinced that it was not due to defective drainage or polluted water, and was inclined to think that it could not be the milk, for in that case it would have been reasonable to suppose that the four younger children, who have to a great extent a milk diet, would have been the first to suffer. On July 31st two of the younger children sickened. Dr. Murchison's house has been supplied with a double milk-supply; one quantity of milk for the household at large, and another quantity, which was always brought in a special sealed can, for the use of the baby and the occupants of the nursery. Up to July 31st those only suffered who had derived their milk from the ordinary household supply, while those who partook of the nursery supply escaped. On July 25th the nursery supply was discontinued in consequence of the departure of the baby for the country, and the three remaining younger children were thrown upon the household supply, and within six days of that date two of them were down with typhoid. It is worth adding, that certain members of his household who drank much water suffered in no way.

The facts, which at first did not seem to point to the milk, now admitted of a very different interpretation, and in the face of former experience it became at least probable that the milk was at fault. Several surgeons living close to Dr. Murchison have had typhoid in their households.¶ In one case two children and two servants sickened; in the other case the family were away, but two of the servants had typhoid, and one of them has, we regret to say, since died from perforation of the bowel. At this latter house the person who brought round the milk remarked that, "wherever she went with the milk there seemed to be somebody ill." We have already received information of sixty-one families residing in the parishes of Marylebone, Paddington, and St. George's, which are infected with typhoid, and in all but two of these families, the source of the milk-supply is the same. Of the two cases which seemed at first to counterbalance to a slight extent the case against the suspected dairy, one has since been found to lend the strongest confirmatory evidence. In this case only one child sickened in a household not getting its milk from the suspected source, but the child itself had been to stay a few days with the family of a friend getting its milk from the suspected source, and of this milk she drank largely; and in the same week the child who remained with its parents in London, and five members of the friend's household who had left London and returned to Derbyshire, sickened with typhoid simultaneously.

It is of course not for one moment to be supposed that every case of typhoid at present in London can be traced to milk-supply as a cause, but when the only connecting bond between sixty families in which typhoid is raging to a greater or less extent is the shop where they buy their milk, the suspicions against such shop are certainly justifiable, and we feel it to be our duty to give them publicity. Some of the cases are very extraordinary. A lady of title and a physician living next door to each other in Grosvenor-street obtain their milk from the same source, and a physician who lives opposite has seen the milk for these two houses *taken out of the same can*. Two of the servants of the lady of title have sickened with typhoid, and one of them has, we hear, since died in St. George's Hospital. In the physician's household there has been no typhoid, and apparently for the reason that it is a stringent rule of the house that the milk is all boiled as soon as received.

In the instance of the household of a well-known nobleman, the domestics have been supplied with milk from the suspected source, but the family itself from another source. Of the servants, five are down with typhoid, but none of the family have suffered. The ten members of the household who did not take the suspected milk drank the same water as the domestics.

The family of a lady of title in Brook-street consists of three children. The eldest drinks tea for breakfast, and has orange wine and water at night. The two younger children drink milk both at night and morning. The two younger suffered, while the eldest escaped.

In a family which does not get its milk from the suspected source there are two servants ill, and it turns out that a short time since, returning home hot and weary from a walk, these two servants sent out and purchased some milk from the suspected source. There are no other cases of fever in this family.

A young lady aged eighteen sickened at Norwood with typhoid in the last week of July. There were no other cases in the house (which contained many children), and no typhoid fever in the neighbourhood. It seems that she had been staying during the early part of July with some friends near Portman-square, that she had contracted measles there, and during her convalescence had drunk a very great deal of milk, which had come from the suspected source. Within three days of her return to Norwood she sickened with typhoid.

In a house in which four servants are living on board wages two of the servants get milk from the suspected source, and two do not. The two former have typhoid fever.

In the Middlesex Hospital there are at present nine patients with typhoid fever. Of these, two came from distant parts of London, and of the remaining seven, six have been getting milk from the suspected source.

In the London Fever Hospital, on August 6th, there were three cases of typhoid fever, and of these two got their milk from the suspected source.

In University College Hospital there have been three cases (one of which had died) of typhoid, all of whom got their milk from the suspected source.

We had originally given the name and address of the dairy, but as we hear that the supply of infected milk has been stopped by order of the medical department of the Local Government Board, we no longer deem it necessary to do so.

The investigation which has already been made by Mr. J. Netten Radcliffe and Dr. Whitmore serves to confirm that which, to all reasonable men, was a certainty. At one of the farms belonging to the dairy, situated at Chiltern Grove, near Thame, it has been discovered that one of the men employed died on June 8th, with all the symptoms of typhoid, and the son of this man is at present ill with the same disease. The sanitary condition of this man's house and the farm is exceedingly bad, and there can be no doubt that some of the water used on the farm has become contaminated with typhoid poison.

We could quote other cases, but we think the above are sufficient to show that a strong case of suspicion has been made out against the suspected dairy. Speaking generally, it is to be observed that in the present epidemic an unusual number of children have been attacked, and that of the adults many have been remarkable as being great milk drinkers. Sir William Jenner and Dr. Murchison, whose consulting practice in cases of fever is necessarily very large, have, in the most manly and public-spirited manner, attempted to stand between the public and the dangers which threatened them. They wrote to the secretary of the suspected dairy, informing him of the number of alarming facts which had come under their notice, and intimated the advisability, for a time at least, of discontinuing their supply of milk. It is to be regretted that the dairy-owners have shown great unwillingness to accept this advice, and we cannot think that they have been wisely advised in the matter. If their milk has become accidentally affected it is no fault of theirs, but if, after warnings given, they have continued to run the risk of selling it to the public, they may be sure that, should the public suffer in consequence, they will not be held blameless. A public spirited self-sacrifice on their part at this momentous crisis would have earned for them golden opinions, and would certainly have had the effect in the long run of largely increasing their trade. Milk epidemics are, from some reason, becoming far too common, and those dairymen are likely to fare best who swim with the stream instead of attempting to stem it. The arguments which the dairy-owners employ are mainly these:—

1. That the epidemic is due to contaminated water supply. But of this there is no proof, and it is to be observed that the infected area is supplied by two separate companies; that households using the same water, but not the same milk, as those who have suffered have escaped, and that in those families where fever has appeared the members who drank water, but not milk, have also escaped.

2. That the epidemic has occurred chiefly among medical men, and that they themselves have infected their households. It is true that a large number of cases occurring among medical men and their families have come to light; but then it is to be remembered that intelligence of this kind travels quickly in a profession like ours, and that, if a medical man has sickness in his house, his brethren are not long in hearing of it. Again: the reputation of the suspected dairy was deservedly great in the profession, for its milk has always been rich and good, and it is possible that the *clientèle* of the dairy contains an unusual percentage of doctors. Again: if we go to figures we find that, out of sixty families, not one-third are medical. And of these infected we find that the majority are hospital surgeons, and in no extraordinary degree exposed to infection.

3. The dairy-owners argue that, out of the families infected, two at least do not get their milk from them. One of the cases, however, has broken down.

4. They allege that there are cases of typhoid fever in Inverness-terrace and Pimlico which cannot in any way be traced to their milk. This may be, but it seems to us to be quite beside the question, for no one wishes to make the dairy answerable for all the typhoid in London.

5. The owners of the suspected dairy assert that not one of their own *employés* has suffered. This point requires investigation; but we have already heard of cases showing that this statement is not strictly accurate.

6. The suspected dairy finally declined to accede to the advice kindly tendered by two of our foremost physicians unless the vestry of St. Marylebone would consent to indemnify it from pecuniary loss. We cannot but regret that the financial question should have been considered when the lives of human beings are at stake.

We learn that the medical officer of health of St. George's (Hanover-square) parish, which is itself infected, has been "requested" by the dairy proprietors to investigate the matter on their behalf. We think that the proprietors have done well to secure the services of so competent a person; but whether the vestry of St. George's will approve of the step its officer has taken—a step which seems to us anomalous—we will not undertake to say.

We cannot but regret that our contemporary has thought fit to publish a long list of medical men and others whose households have been affected. We do not see what useful purpose is served by such a course; and we know of one instance at least in which the appearance of the name of a medical man on the "black list," which was inserted in *The Times* on Wednesday, has resulted in a considerable and definite pecuniary loss to him.

## EXCURSION TO THE METROPOLITAN SEWAGE WORKS AND ROMFORD SEWAGE FARM.

THIS excursion of the British Medical Association may be said to be the only excursion in which professional instruction was combined with pleasure, and it therefore demands more space; and we feel that, in these days of compulsory sanitation and preventive medicine, our readers will be grateful to us if we give them the details of a trip at once interesting and enjoyable.

On Friday, August 8th, after Professor Sanderson had finished his address, a party of thirty-eight started, under the guidance of Mr. W. Hope, V.C., whose labours in connexion with the sewage question are well known and appreciated, and Professor Corfield of University College. The party included Professor Virchow, Professor Parkes, and comprised gentlemen from Germany, America, France, and Brazil; the British contingent being chiefly composed of newly-appointed medical officers of health, who were anxious, no doubt, to see one of the means by which the London death-rate is kept at its usually low figure. An excellent four-horse omnibus and a waggonette had been provided, and the weather being all that could be wished, the drive through London to the northern pumping station at Abbey Mills proved most enjoyable, and our foreign guests were enabled to appreciate the size of that vast wilderness of houses which is drained by means of the sewers we were about to inspect.

The Abbey Mills pumping station was reached at 2 o'clock, a little more than an hour after leaving King's College, and the party was received by Mr. Usher, the resident engineer at the station, who, in the unavoidable absence of Mr. Bazalgette, acted as cicerone. From him we learnt that the drainage system on the north of the Thames consists at its origin of four main sewers; the high level, which drains the Hampstead district; the middle level, which drains the Kensal-green district; the low level, which drains the Hammersmith district, and which is in part supplied by what might be called a lower low level, which drains the Fulham district, the contents of this last being pumped into the low level sewer by the recently opened pumping station at Pimlico. At Old Ford the high level and middle level sewers unite, so that at the Abbey Mills pumping station there are but two sewers, the high level and the low level. The sewage of the high level reaches the outfall at the level of high water, entirely by gravitation; but it is necessary to pump the contents of the low level sewer into the high level, since the sewer itself is considerably below the level of the river. The Abbey Mills pumps, which are of 1140 nominal horse power, lift the

sewage of Acton, Hammersmith, Fulham, Shepherd's-bush, Kensington, Brompton, Pimlico, Westminster, the City, Whitechapel, Stepney, Mile-end, Wapping, Limehouse, Bow, and Poplar, representing an area of 25 square miles, a height of 36 feet from the low level to the high level sewer, whence it flows to the northern outfall at Barking. The pumping station is a building of no small architectural merits externally, but scant time was allowed us to observe them, for we were taken at once, time being precious, to the vestibule of the pump-room, where the sewage is strained of any extraneous matters. The sewage of the low-level sewer flows into this straining-room, which is divided into six compartments in two rows, each compartment being fitted with a cage made of wrought-iron bars, having an inch and a quarter mesh. Of these cages, each big enough, we should think, to hold three or four good-sized men, three are always down straining the sewage, while the other three are lifted in order that they may be cleaned. This alternation of the cages goes on day and night, and in stormy weather it is necessary to shift them very frequently. The solid matters strained out are deodorised and carted away, the Board of Works paying a contractor to do so. They are used for agricultural purposes, but with what success we were unable to learn. The number of corks which are strained out of the sewage is quite remarkable, and has averaged as much as 500 cart-loads annually. These were formerly burnt, but for the future will be sold to the Kamptulicon Works, and the money thus saved will represent the total profits which are made out of the invaluable sewage of the largest city in the world. From the straining-room the sewage flows by three conduits into the pump-wells, whence it is raised by means of the eight powerful engines, and ultimately forced through a cast-iron conduit, 10 ft. 6 in. in diameter, into the high level sewer. The engines are capable of raising 16,000 cubic feet per minute, but the average quantity in ordinary dry weather amounts to only 8000 cubic feet per minute. At the pumping-station three things were remarkable—1. The extreme liquidity of the sewage, which to the casual observer looked like merely muddy water, and seemed to contain hardly any solid matter at all, although occasionally foreign bodies of large size, inclusive of human babies, are found entrapped in the cages. 2. The almost entire absence of smell of any kind, and complete absence of any smell that could be called offensive, and the extreme beauty of the internal decoration of the pump-room. Built in the form of a cross, with a high-domed roof, and supported by pillars with richly-carved capitals, the general appearance, but for the stupendous engine-cranks slowly moving in each of the limbs of the cross, was that of some Greek chapel rather than a necessary evil for ridding us of abominable excrements. Wherever the eye rested it fell upon beautiful carving or moulding, picked out in all the gorgeous harmony of well-chosen colour—purple, red, and gold. The polished doors, with magnificent wrought-iron hinges, seemed almost worthy of a Florentine baptistry; and although Mr. Pugin would probably have grumbled that the appearance of the building gave one no idea of the purpose for which it was intended, it nevertheless seemed the worthy finish of one of the most stupendous works of engineering that even our age has seen.

We were scarcely able to make a digest of the facts presented to our eyes when "Time!" was called, and we were transported to the railway, and thence to Barking, where boats were in readiness to take us to the northern outfall, situate on the northern bank of the Thames, close to the Becton Gas Works, and about three or four miles below Woolwich. Here we landed, and here nothing or scarcely anything met the eye, but the nose was most bounteously assailed. The huge tank, ten acres in extent, in which the sewage is received is below the surface of the ground, and we could see but the shafts of the penstocks, which are only pulled up to allow the sewage to escape just at the turn of the tide. The odour was most offensive, and twice or thrice the shallop in which we glided on the bosom of the Thames ran aground on an oozy, black, sticky, stinking bank of abominable ordure. The deposit from the sewage bids fair to block the Port of London, and already the channel in mid-stream at low water has been reduced from twenty-one feet to something less than twelve. It is true that the authorities have ordered that those who have paid so handsomely for throwing sewage into the Thames should also be taxed for dredging it out again; but practically this is not done, and probably the accumulation will be allowed to continue till something happens to awaken the British mind to the evil which is slowly but surely being effected.

Having seen what clearly ought not to be done with sewage, and how it is capable of working direct positive evil, we landed again, and taking train at Rainham were conveyed to Breton's Farm, where we had an opportunity of seeing what sewage irrigation is capable of effecting. Mr. Hope has a seven years' lease of the farm, and has already obtained such results that his neighbours would be only too glad to make use of sewage as a fertilising agent if they could get it. Mr. Hope pays £600 a year to the sanitary authorities of Romford, in return for which they bring the sewage of the town on to his farm, where it is collected in tanks, and then by means of a steam-engine is pumped to the highest point, whence it is allowed to flow in cast-iron carriers and concrete gutters to every part of the farm. Mr. Hope has the sewage under complete control, and can, at will, augment, decrease, or divert the sewage. He is careful not to let the ground get sodden with sewage, but so manages that the soil which has been moistened shall be thoroughly exposed to the air before being subjected to the sewage a second time. The results which he has obtained are really amazing. He has grown upon his farm every kind of cereal and every kind of vegetable, and the crops which we saw were certainly likely to excite the envious admiration of everyone. The *seventh* crop of Italian rye-grass was looking strong and vigorous, and the second crops of cabbages were far advanced. A reaping-machine was engaged in cutting a crop of wheat such as could not possibly be excelled, and we were informed that Mr. Hope has obtained wheat-ears more than a foot long. The oats looked as promising as the wheat, and the enormous size and strength of the straw was truly astonishing. Barley which had been sown early in June, causing great indignation on the part of conservative agriculturists, was far advanced towards maturity, and the potatoes, maize, and beet-root all seemed to tell of the great advantages which result from sewage irrigation. Having inspected the crops, we next visited the stock, of which there are some sixty head, all looking fat, sleek, and healthy. There was no unpleasant smell anywhere to be detected, and men and beasts alike looked the very pictures of health. The man employed in the sewage tanks stated that during the five years he had been so employed he never had had a day's illness, and his appearance seemed to indicate that the inhalations of sewer gas must be an excellent tonic. Having inspected the farm, Mr. Hope most hospitably entertained his visitors at his beautiful and picturesque old house, "Parsloes," near Barking. The dinner was excellent, everything except the salmon being supplied from the sewage farm; and when the time for departure came, our host transported us to the station behind horses whose rapid paces bore testimony to the nutritive value of sewage-got oats and hay.

## THE LEAVESDEN ASYLUM.

IN an annotation in our number for July 26th we remarked on the danger to the patients which attends the removal of aged and infirm imbeciles from the London workhouses to such distances as Leavesden and Caterham. The necessity of some change being made in the arrangements regarding this class of sufferers received a melancholy and forcible illustration in a statement made at the meeting of the Chelsea board of guardians held on the 23rd ult. The chairman there mentioned the case of an old woman who had been sent from Chelsea to the asylum at Caterham, and, to quote his words as reported in a contemporary, "so great was the shock to her system that she died on the following day."

Our readers are aware that the Leavesden Asylum is one of the places provided for the reception of imbeciles who were formerly retained in the London workhouses, but are now removed under the provisions of the Act known as Mr. Gathorne Hardy's. It is situated near Watford, in Hertfordshire, and at present provides accommodation for 1700

inmates. It is managed by a committee of the Metropolitan Asylums Board, under the supervision of the Local Government Board. That the sufferers gain by the change from the workhouse wards to such an asylum is undoubted, and we believe that, in many respects, it is an admirably conducted institution. We fear, however, that the board of management have not yet learnt to rate, at its proper value, the influence exercised by trained medical skill when brought to bear upon the general management of the insane. This idea is suggested by a perusal of the report of the medical superintendent for 1872, lately presented to the board of managers. This document presents special interest, not only for the valuable statistical facts it contains, but also for the glimpses it affords of the results obtained by the mode of administration adopted in these huge receptacles for the imbecile poor of London. We miss in this report the expressions of satisfaction with the place and the work usually so characteristic of similar productions. It is throughout apologetic or defensive in its tone, and reminds one strongly of a military manœuvre, which, in these days of volunteers, is familiar to all—namely, that of holding a line of defence against an imaginary enemy. That there are weak points in the Leavesden position is evident, for the medical officer thinks it necessary to notice deficiencies in the ventilation of the wards, to wish for a more extended use being made of the patients' labour, as well as to advance reasons for the non-classification of the inmates, and to argue against having too many amusements provided for the imbeciles. One remark is so peculiar, and bears out so strikingly the pervading idea of defence against an imaginary opponent, given as it is *apropos* of no visible attack, that we reproduce it: "It is, therefore, fallacious to assume that there is any ratio whatever between the quantity of medicine prescribed and the amount of work done." This must be taken to indicate that such an assumption has been made by someone, and that it has been attempted to gauge the labours of the medical staff by the amount of physic they had ordered for the patients in the wards. This idea of the duties of an alienist could only originate in a mind thoroughly imbued with the old Poor-law notions of administration, and possessing a Gwydyr-House-like contempt of special scientific knowledge. That the Leavesden system is far from perfect is forcibly shown by the following statement, which appears towards the end of the report:—"During the last few months, from one cause or another, the staff of nurses has undergone an almost entire change, and the class has rather deteriorated than otherwise." The importance of retaining in an asylum the services of trained and experienced nurses, more especially of those who have obtained a personal knowledge of the peculiarities and delusions of the patients, cannot be overrated. We have, therefore, no hesitation in saying that a grave responsibility rests with those who are answerable for the state of things here indicated. We quite agree with the opinion expressed by the medical superintendent on the difficulties under which the officers labour in maintaining discipline, or in satisfactorily treating the patients, with such constant changes going on in the staff, and we sympathise with those who have to work under such disadvantageous circumstances. Such a condition of affairs is unfortunate, but to our mind it appears still more unfortunate that any one holding the position of medical superintendent of an asylum, and as well qualified to perform the duties as we know Dr. Shaw to be, can do nothing further to remedy the evil than mildly to express the "hope that the present year will record fewer changes in the staff."

## CHOLERA IN EUROPE.

THE following comprises the latest information and returns which have reached us concerning cholera:—

Since our last reference to Konigsberg, the disease has assumed a threatening aspect in the town, and we now learn that there were from the 29th July to the 1st August 34 cases and 16 deaths, while in the four days, Aug. 2nd to 5th, there were 76 cases and 39 deaths. The disease is reported to be spreading over the whole of Hungary, markedly so in Transylvania. There were at Pesth, in the week ending Aug. 5th, 570 cases and 260 deaths. At Warsaw the cases during the period July 11th to 31st amounted to 422; of these 146 died. It is also prevalent in other parts of Poland, especially in the low-lying districts of the valley of the Vistula. In Parma, up to the 31st July, there had been 8 cases, 3 of them proving fatal. At Dantzig a fresh outbreak had occurred, causing, up to the 31st July, 15 deaths. The disease is now abating in Helsingborg. The total number of cases since the commencement of the outbreak is 59, with 32 deaths.

Vessels arriving at Smyrna from Trieste are subjected to a quarantine of three days, while at Corfu a restriction of five days is imposed on arrivals from Trieste. In the Greek ports all arrivals from infected towns are subjected to quarantine as under:—Vessels from Venice to eleven days' observation; from Trieste, Austrian, and Italian ports in the Adriatic, to five days. In the Black Sea, all vessels from Turkish ports are detained, unless they have undergone quarantine in the Bosphorus. The disease having been officially declared to prevail at Venice, all vessels arriving at Alexandria from the former port are subjected to ten days' quarantine, the time occupied in the voyage counting as part of the prescribed period, while vessels arriving from Trieste are subjected to a quarantine of twenty-four hours only. Quarantine trains furnished with stores are now specially provided for the conveyance of India-bound passengers to Suez. Each train has a carriage entirely devoted to ladies and children. Quarantine is imposed at the Dutch ports on all arrivals from Konigsberg, Dantzig, and Helsingborg, while the same restrictions are in force in the Austrian ports in the Adriatic.

The last item of information which we have to place before our readers this week is the existence of infantile diarrhœa of a very severe type in Norway, towards the Swedish frontier.

## FORMATION OF A NEW PROVINCIAL MEDICAL SOCIETY IN IRELAND.

A MEETING was held pursuant to requisition in the Whitworth Hall, Drogheda, on Saturday, August 2nd, to found a society amongst the medical practitioners of that town and its neighbourhood, as the notification stated, "for the furtherance of medical science and the maintenance of fraternal concord and unity of action." The chair was taken by George Delahoyde, Esq., who was appointed unanimously president of the embryo Society. Dr. F. E. Clarke was appointed honorary secretary and treasurer, and it was arranged that meetings should be held fortnightly for discussion upon matters professional and the reading of papers upon subjects medical or surgical. The majority of the profession of the town and neighbourhood heartily acquiesce in the scheme, which was approved by all who spoke upon the occasion.

# Correspondence.

"Audi alteram partem."

## GROUSE DISEASE.

*To the Editor of* THE LANCET.

SIR,—In reference to Dr. James C. Howden's letter in your last weekly issue, will you allow me to state that the subject of the "grouse disease" is one that has occupied my attention for several months past, the result of my investigations being given in a pamphlet published by Mr. COX, at the *Field* office.

Dr. Howden's remarks respecting the abundance of tapeworms and other entozoa in the razor-billed auk during the winter of 1846 tend to confirm the views I have advocated respecting the parasitic nature of the grouse disease. The species of parasites encountered by Dr. Howden were probably *Tænia armillaris* and *Strongylus tubifex*. The grouse disease I hold to be sometimes due to the development of excessive numbers of *Tænia calva*, but more frequently due to the presence of innumerable round worms which are

often associated with the tapeworms. These worms being new to science, I have described and figured the species under the combined title of *Strongylus pergracilis*.

I am, Sir, your obedient servant,

T. SPENCER COBBOLD, M.D.

Royal Veterinary College, Aug. 13th.

## TYPHOID FEVER IN MARYLEBONE.

*To the Editor of* THE LANCET.

SIR,—The outbreak of typhoid fever in Wimpole and other streets in London leads me to bring before your notice my patented Stack-Pipe Watercloset Ventilator. It has been put up in several houses—those of clergymen and medical men,—and in every instance perfectly satisfied all requirements. The novelty of my method is that the ventilation takes place from the very highest point of the sewer (in relation to the house)—viz., the lid of the closet; and, in order to render this perfect, by a mechanical contrivance I prevent the handle being raised, and thus the sewer opened, until the lid is hermetically closed on to the seat; sewer gases, which escape when the handle is lifted, and which are constantly being given off from the surface of the water in the pan, pass through the lid ventilator into the open air. It will thus readily be perceived that the closet lid is always hermetically closed on the seat, except when the closet is in actual use. The water in the pans of our watercloset during this hot weather is always evaporating, and test paper charged with carbonate of lead shows it to be impregnated with sulphuretted hydrogen gas. This gas is conducted into the open air to the top of the house by my contrivance, and if a disinfecting chamber be placed in the pipe all contagion is destroyed.

I trust, Sir, that you will feel that my patent is worthy of some consideration from you.

Your obedient servant,

JOHN H. ALDRIDGE, M.D.

13th August, 1873.

## REGISTERS OF HEALTH.

*To the Editor of* THE LANCET.

SIR,—A few months since you inserted a letter from me, advocating a system of "Registers of Health," with a view to the more accurate and systematic treatment of disease. While approving the idea, you ventured to doubt its possibility. I have endeavoured to carry out the plan, and beg to place before you the result in the case of a school in the neighbourhood, where each pupil, on going home, was furnished with a form (with directions), to be filled in and returned with him. From 71 forms I obtain the following statistics:—56 have had measles; 42, whooping-cough; 26, scarlet fever; 12, chicken-pox; 7, mumps; 6, bronchial affections; 5, croup; 3, typhus fever; 1 has ague; 1, rheumatic fever; and 8 only have been revaccinated. With this information it is easy, in any epidemic, to separate the susceptibles; and in one instance of contagious disease, and sundry individual cases, I have advantageously used it. Could not such an arrangement be carried out in all schools with good result?

I am, Sir, yours truly,

FREDERICK H. SMITH, M.D.

Lewisham Hill, S.E.

## ROYAL COLLEGE OF SURGEONS.

AN ordinary Council meeting was held on Thursday last.

Mr. Gay's motion, "That the large number of rejections at the preliminary examination for the membership of this College demands the serious attention of the Council, and that it be submitted to a committee to report thereupon," was carried.

Mr. Birkett's motion, "That the salary of the secretary be increased, and that it be referred to a committee to advise the Council as to the amount of the increase, and for the preparation of a formula for the necessary alteration in Clause 11, Section xxxii. of the Standing Rules," was deferred until the next Council meeting.

Mr. South resigned his seat in the Council. The resignation will be considered at the next meeting in October.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentleman was elected a Fellow of the College on the 6th inst.:—

Turnbull, James Muter, M.D. Ed., Rodney-street, Liverpool.

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at the competitive examinations held at London in February and at Netley in August, 1873, after having passed through a course at the Army Medical School at Netley:—

| | Marks. |
|---|---|
| *Wilkie, D., Glasgow and Berlin ... ... | 6142 |
| Battersby, W. E., Dublin ... ... ... | 5745 |
| Wall, A. J., London ... ... ... ... | 5613 |
| Moodie, R., Edinburgh and Vienna ... ... | 5511 |
| Goldsmith, S. J., London ... ... ... | 5144 |
| Thomas, A. A., London ... ... ... | 4651 |
| Tuohy, F. S., Cork ... ... ... ... | 4616 |
| Moynan, W. E. B., Dublin and Galway ... | 4598 |
| Mac Donald, D. P., Dublin, Cork, and London ... | 4413 |
| Browne, W. R., Dublin and Belfast ... ... | 4360 |
| Baker, O., London ... ... ... ... | 4343 |
| Mallins, H., Dublin ... ... ... ... | 3915 |
| Wright, F. W., Edinburgh ... ... ... | 3904 |
| Robinson, M., London ... ... ... | 3865 |
| Leapingwell, A., London ... ... ... | 3460 |
| Dill, J. S., Belfast and Dublin ... ... | 3200 |

* Has obtained the Herbert Prize.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 7th:—

Clift, Martin Luther, Central-street.
Godrich, Alfred, Fulham-road.
Risdon, George Owen, Charlwood-street, Pimlico.

The following gentleman also on the same day passed his Primary Professional Examination:—

Little, Henry Selby, St. Bartholomew's Hospital.

UNIVERSITY OF ABERDEEN.—During the past year, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—

DEGREE OF M.D.

Roper, George, M.R.C.S. Eng., L.S.A., Aylsham, Norfolk.

At the same time the following gentlemen received promotion to the degree of M.D.:—

Benham, William Thomas, M.B., C.M., Bristol.
Bodman, Francis Henry, M.B., Devizes.
Brebner, Alexander, M.B., C.M., Army Medical Department.
Carmichael, Archibald, M.B., C.M., Barrow-in-Furness.
Edwards, William Henry, M.B., C.M., Antigua, West Indies.
Goodhart, James Frederic, M.B., C.M., London.
Knaggs, Samuel Thos., M.B., C.M., Newcastle, New South Wales.
Lawrence, Nathaniel, M.B., C.M., Longside.
Mitchell, Patrick, M.B., C.M., Old Rain.
Raitt, Thomas, M.B., C.M., Accrington.
Shepherd, James, M.B., C.M., Aberdeen.
Waldo, Henry, M.B., C.M., London.
Walker, Alfred, M.B., London.
Wharry, Charles John, M.B., C.M., Hong-Kong.
Whitelaw, William, M.B., C.M., Cupar-Fife.

DEGREE OF M.B.

Adams, James, Kingsbridge, Devon.
Arthur, John Findlay, Banchory-Devenick.
Baldock, Alfred, M.R.C.S. Eng., L.S.A., London.
Benson, Percy Hugh, Whitby.
Burness, Alexander George, Woburn, Bedfordshire.
Butler, Anthony, Forres.
Cantlie, James, M.A., Dufftown, Banffshire.
Chambers, Eber, M.R.C.S. Eng., Isle of Wight.
Connor, Louis Richard, Doncaster.
Dempsey, Meldon Joseph, M.R.C.S. Eng., L.S.A.
Donald, William, King Edward, Banff.
Downes, Arthur Henry, Munalow, Salop.
Ferguson, John Edward, Cove, Kincardineshire.
Field, Albert Fred., M.R.C.S. Eng., L.R.C.P. Ed., L.S.A., Canterbury.
Fowler, Charles Henry, M.R.C.S. Eng., L.S.A., St. Helena.
Fraser, Alexander Davidson, Aberdeen.
Garner, John Edward, Woodside, Aberdeen.
Gray, John Roubel, Aberdeen.
Gregory, William, L.R.C.P.S. Ed., India.
Greig, Charles Cormack, Fyvie.
Hall, John George, Aberdeen.
Hallett, Henry Arthur, Poonah, India.
Hoole, Pemberton Abel, Graham's Town, Cape of Good Hope.
Jackson, Francis Ed., M.R.C.S. Eng., L.S.A., Chertsey, Surrey.
King, Walter Gawen, Poole, Dorset.
Lawson, William, Tullynessle, Alford.
Lechler, Henry Martin, London.
Leftwich, Ralph Winnington, London.
Lill, William Frederick, M.R.C.S. Eng., L.S.A., Nottingham.
Lloyd, Edward James, North Wales.
Mackenzie, Stephen, M.R.C.S. Eng., London.
Mearns, William, M.A., Pintray.

Moir, Forbes Fraser Maitland, Kildrummy.
Murrell, Clement F. Fenn, M.R.C.S. Eng., L.S.A., Great Yarmouth.
Newcombe, Charles Frederic, Nottingham.
Nicholls, Henry Alfred Alford, London.
Oakes, Charles, L.S.A., L.M., Dublin.
Ogston, Francis, Aberdeen.
Patterson, David Aikman, Dover.
Peacey, William, M.R.C.S. Eng., London.
Robbins, Henry John, Wellingborough.
Roberts, William, M.R.C.S. Eng., L.S.A., London.
Russell, James, Croydon, Surrey.
Scott, John, M.A., Aberdeen.
Sinclair, William Japp, M.A., Laurencekirk.
Skinner, Charles Gordon Lennox, Ballindalloch.
Spencer, Francis Henry, M.R.C.S. Eng., L.S.A., Chippenham, Wilts.
Triggs, John Bellhouse Bowden, L.S.A., Falmouth, Cornwall.
Urquhart, Alexander Reid, Elgin.
Venn, Albert John, Shepton-Mallett.
Walker, James, Aberdeen.
Weatherly, Lionel Alexander, Portishead, Somersetshire.
Webb, William Edward, Wimborne, Dorset.
Wilcox, Henry, St. Neots, Hunts.
Wilkin, John Fredk., M.R.C.P. Ed., M.R.C.S. Eng., Folkestone.
Willcocks, Alex. John, M.R.C.S. Eng., Deyrah Doon, India.
Yule, Robert Mortimer, Aberdeen.

DEGREE OF C.M.

Arthur, John Findlay.
Baldock, Alfred.
Benson, Percy Hugh.
Burness, Alex. George.
Butler, Anthony.
Cantlie, James.
Chambers, Eber.
Connor, Louis Richard.
Cran, John.
Donald, William.
Downes, Arthur Henry.
Ferguson, John Edw.
Field, Albert Fredk.
Fraser, Alex. Davidson.
Garner, John Edw.
Gray, John Roubel.
Greig, Chas. Cormack.
Hall, John Geo.
Hallett, Henry Arthur.
Hoole, Pemberton Abel.
King, Walter Gawen.
Lawson, William.
Lechler, Henry Martin.
Leftwich, R. Winnington.
Lloyd, Edward James.
Mackenzie, Stephen.
Mearns, William.
Moir, Forbes Fraser Maitland.
Murrell, Clement Fred. F.
Newcombe, Chas. Frederic.
Nicholls, Henry A. Alford.
Oakes, Charles.
Ogston, Francis.
Patterson, David Aikman.
Peacey, William.
Robbins, Henry John.
Roberts, William.
Russell, James.
Scott, John.
Sinclair, Wm. Japp.
Skinner, Charles Gordon Lennox.
Spencer, Francis Henry.
Triggs, John B. Bowden.
Urquhart, Alex. Reid.
Venn, Albert John.
Walker, James.
Weatherley, Lionel Alex.
Webb, William Edward.
Wilkin, John Frederick.
Yule, Robert Mortimer.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At the quarterly examinations which commenced on the 22nd of July the following gentlemen obtained the licence to practise Surgery:—

William H. Abbott, Robert G. Alcorn, George Beamish, George A. Bluett, Elliott S. Browne, Wm. B. Bryson, William Byers, Geo. R. Corscadden, Albert Croly, Arthur H. T. De Montmorency, David Fennell, John B. Forster, Marcus Given, John Going, Charles W. Hamilton, Thomas H. Heney, Edward M. A. Hogan, Philip G. Jevers, Andrew Jolly, Leonard H. Kellett, Robert J. D. Kenny, Edward J. Lawder, Henry J. Leonard, William R. Lyddon, Samuel F. Lucey, Roger Macauley, Robt. M'Bride, Frederick A. Mulock, Frederick R. Murray, Henry O'Farrell, Stucley L. O'Neill, William Owen, Edward Peele, William R. Pollard, Arthur L. Roe, James Ross, John J. H. Leany, John F. Shanahan, John J. Sherlock, Richard N. Stoker, William P. P. Stone, Anster F. Walker, John Walker, Wm. Walter De Courcy, T. J. Williams, Joseph H. Wybrants.

DR. RYAN, of Emly dispensary district, Tipperary, has been accorded a retiring allowance of £40 per annum.

THE salary of Mr. G. Borlase Childs, surgeon to the City Police, has been increased from £500 to £600 a year.

A FORMER Parliamentary representative of the city of Oxford has complained to the local Board of Health of the quality of the water supplied to the University, and threatens that unless the supply is improved, the latter body will form a water company of its own.

MARY ANN O'NEIL, matron of the Infant Jesus Institution for the cure of young children, was on the 6th instant, at the Manchester Assizes, convicted of the manslaughter of a child, an inmate of the institution, through neglect and improper treatment, and was sentenced to two months' imprisonment without hard labour.

DONATIONS &c. TO MEDICAL CHARITIES. — Mr. Charles Pease, of Southend, Darlington, has bequeathed £1000 to the Darlington Hospital and Dispensary. The Bishop of Lincoln has given £500 towards the erection of a new hospital at Lincoln. The London Hospital has received £105, being the proceeds of a drawing-room sale, from Mrs. Herbert Davies. Mr. Thomas Buck bequeathed the following to medical charities at Bradford, Yorkshire—namely, £500 to the Infirmary, £500 to the Fever Hospital, and £250 to the Eye and Ear Hospital.

# Medical Appointments.

ARMISTEAD, W., M.B., C.M., has been appointed Medical Officer of Health for the Dunmow, Linton, Newmarket, Risbridge, and Saffron Walden Rural, and Newmarket and Saffron Walden Urban, Sanitary Districts: £700 per annum.

BERESFORD, Mr. W. H., has been appointed House-Surgeon to St. Mary's Hospital, Paddington, vice Hickman, appointed a Medical Officer to the Newbury Union.

BRUCE, J. M., M.D., M.R.C.P.L., has been appointed an Assistant-Physician to Charing-cross Hospital.

CAMERON, Dr., has been appointed Analyst to the Queen's County, Ireland: £50 per annum.

COX, W. A., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the North Staffordshire Infirmary, Hartshill, Stoke-upon-Trent, vice Cotterill, resigned.

DODSON, A., M.R.C.S.E., has been appointed Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children, vice Whitehead, resigned.

FENTON, Dr. M. A., has been elected Surgeon to the Coventry Provident Dispensary.

GOLDIE, Dr., of Kirkstall House, Leeds, has been appointed Medical Officer of Health for Leeds.

JORDAN, F. W., M.R.C.S.E., L.R.C.P.L., has been appointed Assistant House-Surgeon to the Sheffield General Infirmary.

KING, G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Lower Widnes District of the Prescot Union.

LAIT, W., M.R.C.S.E., has been appointed Medical Officer for the Torrington District of the Torrington Union, vice Hole, deceased.

LAKING, F. H., M.D., M.R.C.P.L., has been appointed an Assistant-Physician to the Victoria Hospital for Sick Children, Chelsea, vice Cavafy, appointed a Physician.

MAC CORMAC, W., F.R.C.S.E., F.R.C.S.I., has been appointed a Surgeon to St. Thomas's Hospital, vice F. Le Gros Clark, F.R.C.S.E., resigned.

MANN, D., M.R.C.S.E., has been appointed Medical Officer to the Leeds Police, vice Price, deceased.

MARKBY, T., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Leigh or No. 4 District of the Martley Union, vice Lloyd, resigned.

MORROW, J., M.D., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the newly formed Lamplough District of the Whitehaven Union.

RENDLE, R., F.R.C.S.E., has been appointed Visiting Surgeon to the Seamen's Hospital, Greenwich.

ROBERTS, J., M.R.C.S.E., has been appointed Medical Officer for the Llanfihangel District of the Aberystwyth Union.

ROBERTSON, J., M.D., has been appointed House-Surgeon, *pro tem.*, to the North Riding Infirmary, Middlesborough, vice Malcolmson.

ROSS, Mr. W. A., has been appointed Assistant to the House Surgeon of the Stockport Infirmary, vice Shaw, whose appointment has expired.

SHEA, J., M.D., B.A., has been appointed Assistant-Physician to the Royal Berks Hospital, Reading.

SNOAD, E. H., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Yoxall District of the Lichfield Union.

STEVENSON, J., M.B., has been appointed Medical Officer and Public Vaccinator for the Parish of Glenelg, vice Mac Calman, resigned.

THOMPSON, J., M.D., has been appointed Medical Officer for the Hideford District and the Workhouse of the Bideford Union, vice Pridham, deceased.

WHEATLEY, W. A., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer to the Shakspeare Lodge of Odd Fellows, M.U., Durham, vice Boyd, resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

BATT.—On the 3rd inst., at Kilburn Priory, the wife of William F. Batt, L.R.C.P.L., of South-street, Park-lane, of a daughter.

BINGHAM.—On the 6th inst., at Church-street, Alfreton, the wife of John J. Bingham, L.R.C.P., M.R.C.S., of a son.

CLARKE.—On the 4th inst., at Lawrence-street, Dregheda, the wife of Francis E. Clarke, M.A., M.D., of a son.

MOORE.—On the 9th inst., at Cambridge-heath, N.E., the wife of Dr. Edward Moore, of a daughter.

WALKER.—On the 7th inst., at Stanley-road, Bootle, the wife of Geo. Chas. Walker, M.D., of a son.

## MARRIAGES.

CLARKE—MAC GREGOR.—On the 6th inst., at East Claremont-street, Edinburgh, Alex. Carson Clarke, M.D., M.R.C.S.E., of Manchester, to Jane, only daughter of the late John Mac Gregor, Esq., of Edinburgh.

RANKIN—BOLTON.—On the 28th of May, at Lancaster, Malcolm Alexander Rankin, M.B., C.M., of Luton, to Mary Elizabeth Rolph, elder daughter of the late Benjamin Bolton, Esq., of Luton.

## DEATHS.

BOSTON.—On the 31st ult., F. Borton, M.D., of Malton, aged 83.

BROWN.—On the 2nd of May, Lucy Hannah, the child of Dr. R. Brown, Coroner, of Buninyong, Victoria, Australia (formerly of Manchester), aged 2 years and 6 weeks.

GELL.—On the 12th inst., at Southam, Warwickshire, Clara Beatrice Maude, daughter of Alfred Scott Gell, M.R.C.S.E., aged 1 year and 10 months.

GRIFFITH.—On the 2nd inst., J. Griffith, M.D., of Smarden, Kent, aged 70.

MEIN.—On the 8th inst., T. Mein, Surgeon R.N., of St. Boswells, Roxburghshire, aged 93.

THOROWGOOD.—On the 8th inst., at Bourton-on-the-Water, Gloucestershire, John Ashwin, infant son of John C. Thorowgood, M.D., of Welbeck-street, Cavendish-square, aged 14 months.

WHITE.—On the 5th inst., S. White, L.S.A.L., of Bayswater, aged 80.

# Notes, Short Comments, and Answers to Correspondents.

### A CONTAGIOUS VENEREAL AFFECTION AMONG HORSES.

WHEN recently noticing the last number of the *British and Foreign Medico-Chirurgical Review*, we omitted to direct the attention of our readers to an article on Veterinary Surgery, in which the writer alludes to the existence of a contagious affection of the generative organs of the equine species. Now that we are importing horses in such large numbers from the Continent, this affection may, the writer thinks, find its way into our own stud. Apart from this circumstance, the nature of the disease seems to be worthy of attention, the brief allusion to it in the pages of our contemporary being insufficient to enable anyone to form an opinion on that point. This malady has received a number of names—such as the *épizootie chancreuse*, *maladie du coit*, *typhus génétien*, *syphilis du cheval*, &c., by the French veterinarians, and the *beschälkrankheit* and other names by the Germans,—was unknown, it seems, before 1796, when Ammon observed it in North Persia. It is believed to have been seen in Russia before that period, and Renner witnessed its effects in the Imperial stud. It always prevails with most severity in Southern Russia. It has spread since it was first observed to various parts of Prussia, Hanover, Bohemia, Hungary, Silesia, Switzerland, Wurtemberg, and France. It has shown itself in Algiers since the French occupation of that country. The symptoms are said to be local at first, somewhat resembling those of human syphilis; the secondary effects are cutaneous eruptions, nervous affections, paralysis, and a lingering death. Its contagious character has been fully ascertained, and legislative measures have been successfully adopted in some countries to check its ravages.

*Dr. Newham's* communication shall be published next week.

### STREET ACCIDENTS AND THE POLICE.

*To the Editor of* THE LANCET.

SIR,—On reading your very interesting and useful "Report upon the Metropolitan Police-cells," I notice that you ask the question, "How is it that these measures (referring to certain rules laid down for the guidance of the police in cases of accident in the streets) are so often futile in practice?" Two accidents in the streets came under my notice within the last fortnight, proving the force of your question, and showing the uselessness having wholesome rules if they are not to be strictly adhered to.

The first accident occurred to a man driving a cart laden with iron. The horse ran away, and the cart overturned on to the man, crushing and injuring his head and neck. Seeing the horse running away (from my window), I rushed out of my house as quickly as possible; but before I could reach the scene of the accident the man was pulled out from under the cart, and carried by some bystanders and a policeman to a chemist's shop, where I made my way, and, seeing the ineffectual efforts of a tradesman and the chemist to stay the hæmorrhage, I suggested what was necessary, and urged the man's immediate removal to the nearest hospital. Thus it will be seen that the first rule you publish under the head of "Medical Aid" was not attended to by the police in charge of the case; for the injured man was not carried to the "nearest surgeon, apothecary, or hospital," nor was a surgeon sent for, my services being quite accidental.

The second accident occurred to a child, who was run over by a cab, and I was told *killed*; but there were traces of blood along the pavement to the nearest cab-stand, and I heard that the child was conveyed to the nearest hospital, which is about a mile off. I have since heard that the child died to death before reaching the hospital.

No surgeon was sent for that I could discover, and I asked some respectable people standing by why a doctor was not sent for to stop the bleeding? (and the reply I received seems to explain in some measure the reason the rule I refer to above is so constantly broken or badly applied). Reply, "Oh, Sir, don't you know that if the police call a doctor to an accident, they have to pay him?—and they take good care to avoid this expense if possible."

I am, Sir, yours obediently,
Markham-square, Aug. 6th, 1873. S. CARTWRIGHT REED, M.D.

*Hoplite.*—The Italian soldier is not nearly so well fed as the British. King Victor Emmanuel's army has rations of boiled meat only twice a week. Butcher's meat, indeed, is reserved in Italy for the well-to-do classes, and even among these the consumption never amounts to one-third of what it is among the corresponding classes in England.

THE paper of *Dr. Francis Hogg* (Meerut, India) was damaged by sea-water in transit. It is impossible to decipher it.

### DISAPPEARANCE OF A MEDICAL ASSISTANT.

*To the Editor of* THE LANCET.

SIR,—On Sunday, August 3rd, Mr. John Rutherford, my assistant, left the surgery at Mexborough with the intention of visiting some patients, and has not been seen or heard of since. All attempts to trace him have up to the present time proved fruitless. Many rumours are afloat as to the cause of his mysterious disappearance—some to the effect that he has been murdered; others that he has been drowned, &c. I am most anxious to obtain some tidings of him, both on my own account, and to enable me to allay the agitation and suspicions of the public in this locality. Mr. Rutherford is a Scotchman, about 15 st. in weight, and 6 ft. 4 in. in height. He is of light complexion, and stoops slightly. It has struck me as just possible that he may be in the employment of some medical man, or that some of your readers to whom he may be known may possess some clue to his present whereabouts. The police, with their usual promptness and sagacity, are endeavouring to trace him. I shall be extremely obliged to any of your readers if they can give me any information which will enable me to trace this man to his present hiding place.

Yours faithfully,
Conisborough, Yorks, Aug. 12th, 1873. ROWLAND HILLS.

### TREATMENT OF DIPHTHERIA.

DR. LOLLI strongly recommends the following measures, having found them extremely efficacious:—1. Avoid cauterising, except when gangrene occurs. 2. Do not have recourse to bleeding, purging, or emetics, unless you are forced to do so by exceptional symptoms. 3. Diet, according to appetite; but at all events generous. 4. Do not interfere with the functions of the skin, or rather promote them by rest in bed, poultices, sinapisms, &c., and persevere until, from the general or local symptoms, it may be supposed that the morbid principle has been eliminated and destroyed. 5. The following mixture, more or less concentrated, is to be used internally or externally, or else by means of the inhaler, when the disease has reached the larynx:—Take lime-water, from four to twelve ounces; solution of sesquichloride of iron, half a drachm to two drachms; carbolic acid, from one to twenty grains; honey of roses, one ounce; shake the bottle well: to be used as a gargle or application with a camel-hair pencil every second hour. Some of the above mixture may be diluted with four, six, or eight parts of water or tea, and given in tablespoonfuls every second hour, one hour after each local application. Dr. Courty, of Montpelier, advocated the same means many years ago.

*D. M. R.*—Take him to a consulting physician.

### THE BRITISH MEDICAL SERVICE IN INDIA.

*To the Editor of* THE LANCET.

SIR,—I beg herewith to enclose a letter which appeared in the *Pioneer* of the 11th inst., as it shows *a few* of the grievances assistant-surgeons in the British service undergo out here. Surely it is not more than justice to ask that we may receive increased pay relative to our home pay as high as combatant officers, or let us be placed on an equality with our brethren of the Indian service. It is rather a curious fact that the rates of pay of all British medical officers *above the rank of assistant-surgeon* are the same as those laid down for officers of corresponding rank in the Indian medical service, whereas there is a vast difference in the pay of the assistant-surgeons of the two services. The Indian assistant-surgeon immediately on passing the language, which he does in about two months, gets £45 a month; the British assistant-surgeon only £31 15s. The former after six years' service draws £60; the latter £43 7s. This is exclusive of the many extra appointments which the former usually enjoys. Why should we not receive the same rates of pay as assistant-surgeons of the Indian service of corresponding rank when our seniors have that privilege? There can be no reason why we should not, and it only requires the facts to be brought before the Government of the country to have this grievance redressed, as no person can for a moment doubt that our cause of complaint is well founded. I agree altogether with what the writer of the letter in the *Pioneer* states, that "there is not a contented man in our department"—certainly not among the junior grades, and I consider it only the duty of all medical journals to state the case plainly, to warn young medical men who are intending to enter the service, and to point out to them what they are to expect. I have met many men like myself, who never cease to regret having become army doctors, and who would resign their commissions at once could they only get back some of the best years of their life which they have spent in the service.

If some M.P. would only take up our case, we might hope for better things, and he would by doing so earn the gratitude of every man who has still the bad luck of having to sign himself,

AN ASSISTANT-SURGEON, BRITISH MEDICAL SERVICE.
Bengal, June 17th, 1873.

*To the Editor of* THE LANCET.

SIR,—We in India are glad to see that memorials are to be presented to MR. Cardwell respecting the new Medical Warrant. At present we are in a most unsettled state, the heads of our unfortunate department knowing nothing of our future movements. When the April Army List arrived, to our utter astonishment, we found ourselves in a *single day* placed on the staff, and taken from our regiments, which we regarded as our homes. The question naturally arises, What is to become of us, and how are we to be reimbursed for loss as regards our uniforms and the various funds we have subscribed to? A great deal of irritation would be allayed if an order were promulgated that surgeons now in regiments would not be removed for five years.

I am, Sir, yours, &c.,
June 24th, 1873. BOMBAY.

*Soulas Porci*, (Lewes.)—The practice is, of course, most objectionable; but this and all such queries should be made officially to the Medical Department of the Local Government Board.

### WAKES.

*To the Editor of* THE LANCET.

SIR,—Referring to an annotation on the subject of "Irish Wakes" in your issue of the 2nd instant, would you kindly spare me a small portion of your valuable space to direct attention to the applicability of your remarks to the same custom as prevailing amongst the negro population of the West Indies, accompanied, as I can testify from personal experience, by fully as much immorality and disregard for the safety of the community by the spread of infectious diseases as can possibly obtain in Ireland or elsewhere. The mischief of these vile orgies has been specially pointed out by my friend Dr. Bowerbank in Jamaica, in the course of his energetic and philanthropic exertions to arouse the Government of that colony to a sense of its responsibilities in view of an existing, partial, and threatened general epidemic of small-pox. Notwithstanding, however, Dr. Bowerbank's long-continued and persevering invocation of the higher powers in Jamaica, no efficient steps have as yet been taken by that most *paternal* of Governments to put a stop to these foci of disease and immorality. That wakes have actually been held over those who have died of small-pox was proved before the Commission of Inquiry into the charges of neglect and maladministration of sanitary matters brought by Dr. Bowerbank against the Government and Central Board of Health of Jamaica, a full report of which has been published in that island.

Thinking that a further ventilation of this subject may possibly lead to good both at home and abroad,

I am, Sir, obediently yours,
Colebrooke-row, N., Aug. 7th, 1873. C. G. LEACOCK, M.R.C.S.

### LUNACY IN MADRAS.

A REPORT on the working of Lunatic Asylums in the Madras Presidency has just been submitted to the Right Hon. the Governor in Council. Among the most interesting of its contents is the section on the causes of lunacy. Of the 153 admissions during 1871-2 into the Madras and Vizagapatam asylums, the probable causes of the disease were ascertained in 49 cases, and unknown in 104. Of the former, 12 were attributed to moral, and 37 to physical agencies—"an experience somewhat at variance with the results in asylums in other parts of the world." The abuse of narcotic drugs in Bengal caused 172 out of a total of 400 admissions, or in the ratio of 43 per cent.; whereas in Madras 7·18 per cent. are ascribed to narcotics—proving that ganjah, bhang, and opium are much more frequently consumed in the north than in the south of India.

THE lengthy communication of *Messrs. Dunn and Hewett* arrived too late for insertion this week.

### THE SKIN HOSPITALS.

*To the Editor of* THE LANCET.

SIR,—In your edition of July 26th a letter appears protesting against your remarks as to the desirability of the public subscribing the sum of £75,000 for a new building for St. John's Hospital for Diseases of the Skin, Leicester-square. I observe that you designated this "an insignificant hospital," and that exception has been taken to that term. When you have perused the following you may possibly consider that the words used were, if anything, not forcible enough.

Being in business in the neighbourhood of the hospital, I was requested to act on the Executive Committee. I consented, and was after a considerable lapse of time summoned to a meeting. Attending at the time appointed, I found only one gentleman present who had no personal interest in keeping the hospital afloat; the other two gentlemen present being the surgeons, who are *ex-officio* members. So that, practically, the Committee consisted of the chairman and myself. The meeting was a purely formal one. No accounts were examined and compared with vouchers for expenditure, no list of subscriptions was produced and checked by counterfoils of receipt-books; but a confused bundle of papers, stated to be the accounts, was exhibited, tied up, and something in the shape of a balance-sheet was shown, which was signed by the gentleman who acted as chairman, and subsequently by myself under protest, as I expressed my surprise that the accounts were not carefully audited; yet, it being my first appearance in the character of a committee-man, I was somewhat afraid of appearing to be too officious, and therefore resolved to wait until another meeting took place.

I had, however, to wait longer than I anticipated; for it was not until last May that I received a summons for Committee meeting No. 2, the former one having been held *quite twelve months previously*; and, as a meeting could not possibly have been held in the interim without notice having been sent to each member, I came to the conclusion that the farce of attending once a year could be well got through without my assistance, and on the 6th of May I sent a letter to the Committee, stating my reasons for resigning. Although my letter of resignation was delivered on the day of meeting, I had to wait *two months* before I received the following reply:

"10th July, 1873.

"DEAR SIR,—The Committee regret to receive your resignation, and it will serve to illustrate the difficulties they have to contend with when they state that two gentlemen have resigned because they are summoned too often. "I have, &c.,

"H. A. ALEXANDER, Hon. Sec."

The above purports to be signed by the Hon. Sec.; but as I had been previously informed that Mr. Alexander was *a very aged gentleman, and never attended to the business of the hospital*, and the writing was evidently that of a clerk, I very much doubt if my letter was ever laid before the Committee. But, whether or not, the "reply" is no reply at all. I stated as my reasons for resigning that no notice had been taken of my complaint as to the non-auditing of accounts, and that no Committee meeting had been held for twelve months. I am met by the ludicrous statement that two gentlemen had resigned because the meetings were so *frequent*. But how could a legally constituted Committee meeting be held without notice having been sent to each member? As three members of the Committee have resigned, the Hon. Secretary is a myth who can never be seen, and several other members never attend, where is the Committee—not the Building Committee, but the Executive Committee?

It appears to me that the appeal for £75,000 should be backed up, not by a long list of vice-presidents, whose names may look well in print, yet who cannot possibly know anything of the internal working of the institution,—but by a real working Committee who know something of what has been done, and who have during the past few years seen that the small income has been expended judiciously, and that matters have been carried on in the usual business-like manner of kindred institutions.

I make no allusion here to the Building Committee; but, as one of the subscribers, wish to know what claim the hospital has on the public to warrant it in asking for the sum named. Does the former and present management show promise of the good that might be done if subscriptions were to flow in?

According to the balance-sheet for 1871, the contributions by patients are £13 in excess of the annual subscriptions, *showing that the place might more properly be termed a private dispensary*, especially as there are no in-patients, the upper part of the house being let off!

I am, Sir, yours obediently,

SAMUEL GOLDOURN.

Princes-street, Leicester-square, July 29th, 1873.

*To the Editor of* THE LANCET.

SIR,—As you have inserted a letter from Dr. Tilbury Fox, in which frequent mention is made of my name, you will, of course, in common fairness and courtesy, grant me space to reply.

Dr. Fox admits that he did study dermatology at St. John's, and that he did subsequently introduce the baths at University College Hospital—in fact, he actually corroborates my statement, and is as illogical in saying that it is "utterly without foundation" as he is in saying that he has "neither time nor inclination for medical polemics," and in the same letter rushing headlong into them! As Dr. Fox made his connexion with St. John's the stepping-stone to preferment, it is questionable taste for him now to attempt to weaken its influence and narrow its sphere of usefulness. However much Dr. Fox may "object" to my "averment," I defy him to show that those thousands of poor creatures who are incapacitated from earning a livelihood by skin disease are not "nationally uncared for." The very admission that is extorted from Dr. Fox, that "a few more 'skin beds' in our general hospitals is desirable," proves the statement.

Antagonism to special hospitals is antagonism to the spirit of the age and to the welfare of the public, and, in fact, makes the public weal subordinate to professional consideration and professional monopoly. Dr. Fox advocates the establishment of special departments in general hospitals, and the annihilation of special hospitals. I, on the contrary, hold, as a question of national and vital importance, for the good of general hospitals equally as for the welfare of the public, that the establishment of special hospitals should be generously promoted, so that the general hospitals might be free to receive the general cases, which are daily increasing in proportion to the increase of population.

General hospitals have not at present even sufficient accommodation, and consequently, simply from want of room, have to reject many most distressing cases; as with the poor man who only a day or two ago had the doors of St. Thomas's, Charing-cross, and Westminster shut in his dying face!

Opposition to special hospitals is to my mind to be deplored. In the care for the medical student, sight is lost of the poor patients; and the fact is ignored, that if the opportunities for the study of all diseases are to be concentrated in general hospitals, their accommodation for general cases would be lessened to an alarming extent.

There are, exclusive of small-pox, some twenty-four specialties for which there are existing special hospitals. If the principle of special departments in general hospitals is adopted, the general hospitals would be divided and subdivided into *nearly thirty* sections, each of which, if the principle is to be consistently carried out, would be exclusively devoted to the study and treatment of one of the forms of special diseases. What would be the consequence as affecting St. Thomas's, Charing-cross, and Westminster (the three hospitals which have now to bear the stigma of censure by a coroner's jury for having, from their want of room, denied admission to a dying man), and the other hospitals in similar circumscribed situations? They would have to shut their doors, not to one, but possibly scores of dying persons. An amount of misery that I tremble to estimate would be entailed, the only advantage in return being the "potential" one of greater convenience to medical students for pursuing their studies.

The question is one of great importance to the public, if not to the medical profession, and should be discussed calmly upon its merits. THE LANCET opened the discussion by attacking special hospitals, and the movement to erect a proper building in which the various forms of skin diseases may be treated; and it is not because I show the falsity of THE LANCET's reasoning that you, Sir, should take advantage of your position as Editor to put an interpretation upon a letter of mine (which you decline to publish) which is unwarranted by the letter itself. I protest against your having done so, and challenge you to quote a single passage from that letter capable of bearing the construction that the "grievances" I desire to have discussed are my own personal ones. The imputation is the more unjustifiable as I actually refrained from noticing that you had suppressed a paragraph in one of my previous letters.

I am, Sir, your obedient servant,

Albert-terrace, Hyde-park, Aug. 5th, 1873. CHARLES MERCIER.

*** We hoped that we had heard the last of St. John's Hospital; but it seems that it was a vain delusion. Now, however, Captain Mercier has changed his mode of argument; for whereas great stress was at first laid on the importance of establishing a tutorial hospital for diseases of the skin, we are now told that "in the care for the medical student sight is lost of the poor patients," and that if general hospitals are to receive special cases, their usefulness will be greatly crippled. But what we have advocated is that the treatment of special diseases should in some way or other be under the care of the authorities of the general hospitals, and not conducted on the hole-and-corner principle that obtains at present. If the hospital accommodation for London be too small, let new hospitals worthy of public confidence be built, not those of more than questionable reputation. If anything were necessary to demonstrate Capt. Mercier's unacquaintance with the subject of which he has declared himself to be the champion, it is that he fails to see the alternative between the erection of special hospitals and the subdivision of the general hospitals "into nearly thirty sections." This is the erroneous notion that actuates all supporters of the special hospitals, and which leads to all the abuses and outrages on public benevolence with which the special institutions are so rife. The matter between Capt. Mercier and ourselves, therefore, is whether we have been unduly severe on St. John's Hospital. If our readers will carefully consider the full meaning of the letter from Mr. Samuel Golbourn, who was for some time a member of the Executive Committee of the hospital, they will find that we have been moderate in our charges; and if, in addition to the anomalies detailed by Mr. Golbourn, it is borne in mind that the person employed as Financial Secretary did at one time, if he does not now, receive 20 per cent. on all the subscriptions sent in—that the names of many of the patrons were secured many years ago when the hospital was in other hands, and had a greater *raison d'être* than now—that up to within a few months ago no proper balance-sheet was kept, all of which, with many other irregularities, were severely stigmatised at a recent committee meeting,—it will be acknowledged that we have indeed discussed the question "calmly upon its merits"; too calmly, in fact. Our correspondent evidently feels offended that we did not publish one of his letters. Our reason for doing so was that the letter was of a carping nature, and contained nothing that had not been previously discussed. For the benefit and amusement of our readers we append the important paragraph the suppression of which Capt. Mercier was kind enough to refrain from mentioning:—"I trust you will insert this letter, as otherwise it may lead the public to infer that THE LANCET has an objection to the subject being discussed upon its merits."—ED. L.

*Mr. Edward Bellis.*—When doctors differ it is hard for us to decide. This much is clear, that the symptoms were very choleraic. Still it does not follow that our correspondent was right in reporting the case as "cholera" to the Local Board, which in the estimation of a Board of laymen would mean Asiatic cholera. It would have been sufficient to intimate the case to the medical officer of health. Such cases are not uncommon in hot summers. They have much resemblance to the Asiatic cholera; but they appear when there is no suspicion of the presence of this disease. The quietest mode of intimating the presence of such cases is the best.

*Dr. Macpherson's* paper will shortly appear.

*M.R.C.S.*—Neither Dr. Seaton's volume nor Dr. Ballard's is dear.

### FOREIGN BODY IN THE LARGE INTESTINE.

*To the Editor of* THE LANCET.

SIR,—I beg to send for insertion in your journal the following case of a foreign body in the large intestine.

Yesterday a "gentleman," not giving his name, applied to me for relief under the following circumstances:—He stated that five days ago he got "on the booze," and on reaching home in a state of intoxication put up his rectum a common wooden pen-holder, measuring six inches in length, which immediately disappeared out of sight and beyond reach. He had since felt pain and slight difficulty in having a motion. In answer to my questions, he stated that the holder had not broken off, and he could only feel it internally on an attempt to defecate. I explained to him his risk in allowing it to remain there, and placed him on his hands and knees, and made a digital examination, when after a little difficulty I found and dislodged the point of the pen-holder from above the promontory of the sacrum, where the narrow-pointed end was fixed, the remaining part of the holder being directed forwards and to the left, evidently quite in the sigmoid flexure of the colon. After dislodging the point, I extracted the entire holder (six inches in length) by means of a pair of straight polypus forceps. The anus was very dilatable, and I had no difficulty in inserting the forceps between two expanded fingers previously placed in the rectum. He was anxious for me to prescribe purgatives for the purpose of expelling it, as he stated that two years ago he had thus got rid of a glass syringe which he had similarly introduced into his rectum. The pen-holder was thickly coated with hardened fæces. He surely was in great danger of perforation of the bowel and its consequences had it been allowed to remain, as it was firmly wedged diagonally above the promontory of the sacrum, and I fancy the danger would only have been enhanced by the exhibition of purgatives. Why and for what purpose people put these extraordinary things into their rectums is beyond my comprehension.

I am, Sir, your obedient servant,

Southampton-street, Strand, Aug. 11th, 1873. SAMUEL MILLS.

### AN ADVERTISED COMPLIMENT.

As the following announcement appears in a Birmingham contemporary in the form of an advertisement, it may be presumed that the gentleman concerned desires its publicity. At the same time we would venture to suggest to Mr. W. H. Pope to keep out of the advertising columns of newspapers, at any rate so long as he has nothing more important to announce than appears in this paragraph:—

"WOLVERHAMPTON.—Mr. W. H. Pope, surgeon, of this town, passed his examination at the Royal College of Physicians, Edinburgh, on Wednesday last, and obtained his diploma, and was highly complimented by the examiners."

*Fungus.*—A double qualification is necessary.

*Periscope* (Lyme Regis) is recommended to read the little pamphlet by Mr. J. M. Fox, entitled "Advice to Sanitary Authorities and to Individuals on the threatened approach of Asiatic Cholera." The *brochure*, which is remarkably clear and distinct, may be had of Messrs. Simpkin and Marshall for sixpence.

*Mr. W. J. Carter.*—Certainly not.

*Dr. McKelvie* (Cromer) had better demand a fee before being sworn.

### ASSURANCE *versus* NERVOUSNESS.

*To the Editor of* THE LANCET.

SIR,—On the 12th July I had the honour of going through an ordeal that must befall all medical students who aspire to an English surgical qualification—viz., that of presenting myself for the primary anatomical and physiological examination of the Royal College of Surgeons, Lincoln's-inn-fields; and I wish (more particularly since new blood has been infused into the Council) to call attention to a fact that, if my memory serves me rightly, has been criticised in THE LANCET on several occasions, but unhappily up to the present time without effect. I allude to the regulation insisting on candidates putting in an appearance at 11 A.M. for the written examination, when it does not commence until 1 P.M. No better plan, I take it, could be adopted to unsettle the hard-working and possibly timid candidate than the weary waiting in the corridors and about the doors of the College for two hours unnecessarily. Why cannot the fees be paid the day previous, either by the candidate personally or by post, and the examination fixed for a certain hour (at which time all candidates must be present), and thus put a delicate and sensitively nervous man on a par with his more fortunate fellow-student, who looks upon the whole examination in the light of a joke, and trusts in the remote contingency of being able "to fluke through" at some indefinite period? Further, I think that if the numbers were to be posted punctually at five o'clock on the days of the *viva voce*, as promised, the College authorities would have no occasion to complain of unseemly conduct on the part of the anxious crowd of candidates and their friends, some of whom have been waiting two or three hours for that time to arrive.

Personally I have the most sincere respect, nay reverence, for the Royal College of Surgeons of England, and believe that the Court of Examiners endeavour to do their duty conscientiously; but at the same time I think there can be no doubt whatever that one or two slight changes might be made in the regulations, which would tend to make the examinations fairer and more pleasant, if not to examiners, at least to examined.

I am, Sir, your obedient servant,

July 24th, 1873. TIMIDITY.

*S.*—A medical man is not compelled to give a certificate of death; but to refuse to give one in the case of a patient attended up to the time of death would be a peculiar course, requiring justification.

THE communications of *Dr. Robt. Farquharson* and *Mr. Selby Morton* shall be published in our next impression.

### ERGOTINE IN POST-PARTUM HÆMORRHAGE.

*To the Editor of* THE LANCET.

SIR,—Mrs. M—— was delivered at 6.30 P.M. on July 12th, 1873, by me, after a rather rapid labour. Immediately after the birth of the child, the placenta being in the vagina, I removed it, and on finding the uterus well contracted I applied a binder and a good pad. In twenty minutes the patient complained of being cold. On examination of the napkin applied to the parts, I found there was no hæmorrhage externally, and so gave the patient a small quantity of brandy, and put on more bedclothes, after which she said she felt better and more comfortable. I remained for nearly an hour after the labour was over; but as the patient felt uncomfortable I removed the binder and found the uterus much expanded. I immediately introduced my hand into it, and found it filled with clots, on removal of which the blood gushed copiously from the uterine vessels, filling it as fast as I could empty it. I kept up firm pressure externally, and the uterus contracted on to my hand, but very irregularly. I gave a large dose of the liquid extract of ergot with opium, and applied cold cloths and pressure to the abdomen; but, despite all, the uterus refused to contract but partially. I again introduced my hand, and found it filled with clots. The patient was now wellnigh exhausted, and I sent for my friend Dr. Woodcock; but everything we tried failed to produce regular contraction. A large quantity of solution of perchloride of iron (1 to 4) was injected into the uterus, and afterwards two to three pints of iced-water. Ice also was applied externally. At 8.30 I injected ten minims of the solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm, and in a few seconds the uterus gradually contracted, and did not again give way. The advisability of such a proceeding in a patient exhausted from loss of blood may probably be questioned; but the treatment was made use of as a *dernier ressort*. Still I should not be inclined again to allow a patient to go so far before I made use of a remedy which proved so speedily effectual, and that without giving rise to the slightest appearance of danger in its administration.

At 12.30 A.M. on the 12th inst. I was summoned to see a patient who had been confined two hours previously, and had been attended by a midwife. The attendant had been alarmed by the fainting of the patient several times, but could not account for it, as there was but little external hæmorrhage. On arrival I found the patient almost pulseless, sighing and yawning at frequent intervals. The uterus appeared to be quite relaxed, and was very large. I gave a draught of forty minims of tincture of opium, sixty of liquid extract of ergot, and forty of aromatic spirits of ammonia. I then introduced my hand into the uterus, emptied it of an enormous quantity of clots, and endeavoured to get it to contract on to my hand, but without success. I used severe pressure and cold applications externally, but all without effect. I now injected ten minims of a solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm. This I did twice, as my syringe being out of order I could but use five minims at each operation, and an interval of several minutes ensued between the first five minims and the second injection. The effect was not so immediate as in the first case. However, there was very decided contraction of the uterus at intervals, it relaxing every few seconds. By this time I had procured some ice, which I applied to the abdomen; nor did I experience any further difficulty in keeping the uterus moderately contracted. There was no appreciable quantity of bleeding from the time I injected the ergotine, although I am much inclined to give a share of the credit to the cold and constant pressure I kept up externally.

There is but little known, I believe, of the action of ergotine in similar cases, as it has not been extensively used; but I feel satisfied that future experience will prove that we have in it an effectual and safe remedy for checking post-partum hæmorrhage.

I send this hurried sketch of these cases, knowing with what alarm every practitioner contemplates a death from post-partum hæmorrhage.

Yours obediently,

Manchester, August 12th, 1873. JAMES BRASSEY DRIVERLEY, M.D.

IF *Volunteer* (Darlington) will turn to THE LANCET of the 2nd instant, he will find the information he desires. Application should be made to his Excellency Count Van Bylandt, 40, Grosvenor-gardens, S.W.

*Quære.*—By inquiring of the authorities of the respective Universities in question.

### THE MEDICAL COLLEGE, EPSOM.

*To the Editor of* THE LANCET.

SIR,—Having four boys at the College, I examined them individually and collectively on the statements contained in the letters you have lately published under the above heading. To the queries of "H. S." concerning mouldy bread, bad potatoes, rice, and punishment for leaving any part of their food, they answer a decided Yes. They further tell me that when either lettuce or rice is given, potatoes are withheld; that greens is the only other vegetable besides potatoes, and is only occasionally provided. The two elder boys agree with Mr. Sloman that the cooking has very much improved since Miss Hassall became matron. The two younger, who have lately left the collegiate school at Weymouth, say the dinner at Epsom is not half as good as at the former school. Another error of the Council is in not allowing the younger boys to have any food between tea at six and breakfast just before eight, and this notwithstanding more than one request from parents and others to give a light supper. As the Council is composed chiefly of medical men, it ought to know that a young child is less able to abstain a long time from food than an older one. This rule entails suffering, of which many boys complain.

I am often asked two questions, which it would be as well for the Council practically to answer. Are those who pay £45 a year partial recipients of a charity? Or is a portion of this sum spent on those who are so wholly? If, as is possibly the case, £45, when intimately triturated with a charity, hardly pay, then let the Council boldly tell us either it cannot educate, feed, and treat the boys as the sons of gentlemen for this sum, or, better, let it also altogether disassociate the school from its clog—the pensioners.

I am, Sir, yours, &c.,

R. W. WAUDBY GRIFFIN, Local Hon. Sec.

Southampton, August 11th, 1873.

### A UNIVERSAL PHARMACOPŒIA.

THIS desideratum is to be brought forward at the Medical International Congress of Vienna, to be held between the 2nd and 10th of September next. The great promoters of this scheme are Dr. Cristoforis and M. Zambetti, a scientific chemist. They requested Dr. Griffini, of Milan, the editor of the *Annali Universali di Medicina*, to insert a circular of theirs on the subject. Compliance has been granted with this remark of Dr. Griffini's, that, *in Italy*, there is not as yet a national Pharmacopœia. First look at home.

### INJURY OF PERINEUM.

*To the Editor of* THE LANCET.

SIR,—If you can spare space, I should be very glad if any gentleman could render me aid under the following results of an accident.

Early in 1868, riding a restive horse, he swerved, and in doing so fell on his knees and nose, rising up directly, and going off at speed. I had to grip very closely and strongly with my thighs to preserve balance and seat, and directly the horse rose from his fall I felt intense pain, like sharp stabs with a knife, in the perineum. After a quarter of an hour I dismounted, and in doing so suffered the most excruciating agony as I was throwing my right leg over the saddle in the act of dismounting, and for five minutes afterwards I stood helpless by the side of the horse, and could not bring my legs together with any ease for full an hour afterwards. I gave myself complete rest for six weeks; for attempts to mount in that period caused acute pain. I then mounted without difficulty; but in dismounting, and for fully a quarter of an hour, the pain was very sharp. I gave myself one month's more rest, after which I had six months' hard riding daily, on duty, being in the saddle four or five hours a day. During all this time dismounting was always painful; but by various little dodges I was able to save acute pain. After this I was able to give myself rest from horseback from the end of 1868 to July, 1872—say three and a half years. To my horror, on riding after the long rest I experienced the same pain in the perineum. It is like short, sharp stabs with a knife; it is felt when throwing the leg over the saddle to dismount, and for several minutes afterwards, with both feet on the ground, naturally trying to approximate the thighs, or in walking. No discomfort is felt in the act of mounting.

I have consulted many men. None of them had ever heard of such a case before. No one could offer a remedy except not to ride. The principal pain is felt starting from the lowest part of the inter-pubic symphysis, and for an inch posterior to this along the perineum. Can there have been rupture or detachment of ligaments?—but even if there had, three and a half years' rest should have effected a cure.

Your obedient servant,

India, July, 1873. A SURGEON-MAJOR OF CAVALRY.

*Laborare est orare.*—OUR correspondent cannot do better than employ the interval in the way he proposes.

ERRATUM.—In our last issue, p. 202, col. i., line 28 from bottom, for "Dr. and Mrs. Chambers," read Dr. and Mrs. *Chadwick*.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Brazier, Aberdeen; Mr. T. Holmes, London; Dr. Thorowgood, London; Mr. King, Widnes; Dr. Newham, Winslow; Dr. Aldridge, Southampton; Mr. Fenn, Lowestoft; Mr. Francis, Dover; Mr. Riley, Barnes; Mr. Draper, Coventry; Dr. MacDonald, Woburn; Dr. Macpherson, London; Mr. Cater, Birmingham; Mr. Taylor, Leeds; Dr. Davies, Bryngolwg; Dr. Cobbold, London; Dr. Barns, Govan; Mr. A. S. Gell, Southam; Mr. J. Sutton, Waltham; Mr. Morrison, Epsom; Dr. Duncan, Edinburgh; Dr. Willington, Kensington; Mr. Wharton, Exeter; Mr. B. Chambers, Burnley; Mr. Burton, Ilminster; Mr. Deane, Oxford; Mr. Fergus, Macclesfield; Mr. Caulfeld, Manchester; Mr. Ouston, Wallingford; Mr. Bartley, Bedford; Mr. Reoch, Newcastle; Mr. Hunter; Mr. Howes, Stockport; Mr. J. Hosking, Canterbury; Mr. Loskey, Ipswich; Mr. Henry, Watford; Mr. Manley, Loddon; Mr. Williams, Caterham; Mr. Thornton, Shirley; Mr. J. Bryan, Belfast; Dr. Orwin, Buxton; Mr. Steward, Hull; Mr. Davey, Bedford; Mr. Keen, York; Mr. Holmes, Leeds; Mr. Davies, Cork; Mr. Nankivell, Chatham; Mr. Jordan, Sheffield; Mr. Mills, London; Mr. Hope, Petworth; Mr. Neal, Bodmin; Mr. Davy, London; Mr. Palmer, Walsall; Mr. J. Cooke, Truro; Mr. Bradbury, Axminster; Mr. Dalton, St. Helliers; Mr. Bourne, Halifax; Dr. Hume, Jamaica; Mr. H. Giles, Aylesbury; Mr. E. Bellis, Wootton; Mr. Hills, Conisborough; Mr. Warren, Gravesend; Mr. T. Bell, London; Mr. Hart, Ventnor; Messrs. Cutts and Co., Manchester; Mr. Glanville, Yarmouth; Mr. W. Armistead, Manchester; Mr. Walton, Chippenham; Dr. Brierley, Manchester; Mr. J. Daniell, Norwich; Mr. Mann, Chigwell; Mr. Marling, Bideford; Dr. Goldie, Leeds; Mr. Chaplin, Esher; Mr. Gibbs, Walthamstow; Mr. Henery, Boston; Mr. Benwell, Hailsham; Dr. Freeman, Brooklyn, U.S.; Mr. Burton, Chatham; Mr. Macrae; Mr. Curran, Mansfield; Mr. Simpson, Croydon; Mr. Renman, Corwen; Dr. Farquharson, London; Mr. Cleaver, Liverpool; Mr. Archer, York; Mr. Henry, Louth; Mr. Patchett, Manchester; Mr. J. Linford, Northampton; Dr. Reed, London; Mr. Browne, London; Mr. R. Graham, Bradford; Mr. W. le Dewe, Havre; Mr. Wharton, Dorking; Mr. Davids, Norwich; Mr. R. Jameson, Burnley; Mr. Leacock, London; Mr. Wright, Liverpool; Dr. Nicholls, Chelmsford; Dr. Hogg, Meerut; Dr. Black, Glasgow; Mr. White, Ilfracombe; Mr. Chater, Uttoxeter; Mr. Wallis, Uxbridge; Mr. Pembridge, London; Mr. Griffin, Southampton; Dr. Smith, Lewisham; M.R.C.S.; The Military Secretary, India Office; Laborare est Orare; W. N.; M.A.B.; A Surgeon-Major of Cavalry, India; Sanies Porci; An Old Member of the Association; Non-Medicus; A Sufferer; An Old Country Practitioner; Medicus; Fungus; Peter Robbed to Pay Paul; D. M. R.; S.; &c. &c.

*Carlisle Journal, Western Daily Press, Daily Bristol Times, Aberdeen Free Press, Portsmouth Times, Semi-Weekly Gleaner, Indian Medical Gazette, Lincoln Journal, Edinburgh Daily Courier, Allahabad Pioneer, Chelmsford Chronicle, Manchester Guardian, Huddersfield Chronicle, Thanet Advertiser, Liverpool Albion*, and *Ulster General Advertiser* have been received.

## METEOROLOGICAL READINGS

*(Taken by Steward's Instruments).*

THE LANCET OFFICE, AUGUST 13TH, 1873.

| Date. | Barometer reduced to Sea Level, and 32° F. | Direction of Wind. | Wet Bulb. | Dry Bulb | Solar Radia. in Vacuo | Max. Temp. Shade | Min. Temp. | Rain-fall. | Remarks at 8 A.M. |
|---|---|---|---|---|---|---|---|---|---|
| Aug. 8 | 30·06 | W. | 63 | 68 | 117 | 88 | 61 | ... | Overcast |
| „ 9 | 29·94 | N.W. | 59 | 64 | 105 | 71 | 49 | ... | Overcast |
| „ 11 | 29·97 | S.E. | 57 | 58 | 81 | 68 | 51 | 0·48 | Rain |
| „ 12 | 30·14 | N.W. | 60 | 62 | 110 | 78 | 55 | 0·08 | Overcast |
| „ 13 | 29·92 | W S W | 64 | 68 | 107 | 75 | 60 | 0·04 | Overcast |
| „ 14 | 30·14 | W. | 60 | 65 | ... | ... | 58 | ... | Fine |

# Medical Diary of the Week.

### Monday, Aug. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

### Tuesday, Aug. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

### Wednesday, Aug. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 3 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 3½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

### Thursday, Aug. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

### Friday, Aug. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

### Saturday, Aug. 23.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.


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Agent for the Advertising Department in France—
Messrs. DE LOMINIE, 208, Rue Grenelle, St. Germains, Paris.